Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main

Document

Page 1 of 53

| Fill in this information to identify your cas | se:                          | UNITED STATES BANKRUFTCY COURT<br>NORTHERN DISTRICT OF ILLINOIS |
|---|------------------------------|---|
| United States Bankruptcy Court for the:       |                              | MAY 1 9 2017  |
| District of                                   |                              | MAI 19 EUI  |
| Case number (If known):                       | Chapter you are filing under |   |

Chapter 7

☐ Chapter 11 Chapter 12

☐ Chapter 13

JEFFREY P. ALLSTEADT, CLERK INTAKE 1

> ☐ Check if this is an amended filing

Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

|         | Identify Yourself  |  |                |  |
|---------|--|--|----------------|--|
|         |  | About Debtor 1:  | i je vi        | About Debtor 2 (Spouse Only in a Joint Case):  |
| 1.      | Your full name   |  |                |  |
|         | Write the name that is on your government-issued picture | Shavon   |                |  |
|         | identification (for example, your driver's license or    | First name   | . A            | First name   |
|         | passport).   | Middle name  |                | Middle name  |
|         | Bring your picture                                       | Gibson   |                |  |
|         | identification to your meeting with the trustee.         | Last name  |                | Last name  |
|         |  | Suffix (Sr., Jr., II, III)   |                | Suffix (Sr., Jr., II, III)   |
| amender | All other names you                                      | (REAT) NEW STATES (STATE OF STATES O | nii vantageeda |  |
|         | have used in the last 8 years                            | First name   |                | First name   |
|         | Include your married or maiden names.                    | Middle name  |                | Middle name  |
|         |  | Last name  | ī              | Last name  |
|         |  | First name   | Î              | First name   |
|         |  | Middle name  | Ī              | Middle name  |
|         |  | Last name  | \\<br>\\<br>\\ | ast name   |
| index   |  |  |                |  |
|         | Only the last 4 digits of                                |  | A Paragona     | r formation and the second the second and the secon |
|         | your Social Security                                     | xxx - xx - <u>7 9 9 1</u>  | ×              | xx - xx  |
|         | number or federal  | OR   |                | DR   |
| į       | Individual Taxpayer<br>Identification number<br>(ITIN)   | 9 xx - xx  |                | 3 xx - xx  |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 2 of 53

| Debtor 1   | Shavon  | Gibson   | Case number (if known)   |
|--|---|--|--|
|  | First Name Middle i   | Name Last Name   |  |
| 1000 day 2000 daga tahun 12 da 1 | k Prilipping di Amerika di Akanting Applings mengenanga ita menang papayang, ki pa menangan | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| and<br>Iden  | business names<br>Employer<br>tification Numbers<br>) you have used in                      | I have not used any business names or EINs.  | ☐ I have not used any business names or EINs.  |
| the I  | ast 8 years   | Business name  | Business name  |
|  | i business as names   | Business name  | Business name  |
|  |   | EIN  | EIN  |
|  |   | EIN  | EIN  |
| 5. Whe   | re you live   | निवारी को प्रतिकार के किंदिन प्रतिकार तथा के कारण के दिन किंदिन के किंदिन के किंदिन के किंदिन के किंदिन के किंद<br>किंदिन के किंदिन के | If Debtor 2 lives at a different address:  |
|  |   | 7642 S Morgan  | \$   |
|  |   | Number Street  | Number Street  |
|  |   | Chiange II cocco   |  |
|  |   | ChicagoIL60620CityStateZIP Code  |  |
|  |   | Cook<br>County   | County   |
|  |   | If your mailing address is different from the one  | If Debtor 2's mailing address is different from  |
|  |   | above, fill it in here. Note that the court will send any notices to you at this mailing address.  | yours, fill it in here. Note that the court will send any notices to this mailing address.                                 |
|  |   | Number Street  | Number Street  |
|  |   | P.O. Box   | P.O. Box   |
|  |   | City State ZIP Code  | City State ZIP Code  |
|  | you are choosing<br>listrict to file for  | Check one:   | Check one:   |
|  | ruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.   | Over the last 180 days before filing this petition,<br>I have lived in this district longer than in any<br>other district. |
|  |   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain.<br>(See 28 U.S.C. § 1408.)   |
|  |   |  |  |
|  |   |  | ·  |
|  |   |  |  |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 3 of 53

| De  | ebtor 1  | Shavon First Name Middle Na     | ime   | Gibson<br>Last Name   | <u>n</u>   | Case number (#  | known)   |
|---|--|---------------------------------|---|---|--|---|--|
|   |  |                                 |   |   |  |   |  |
| P   | art 2: T   | ell the Court Abo               | ut Your I   | Bankruptc   | y Case   |   |  |
| 7.  |  | pter of the<br>stcy Code you    | Check of  | one. (For a b<br>kruptcy (Fori  | brief description of each, see <i>Notion</i> 2010)). Also, go to the top of pa   | ce Required by 1:<br>age 1 and check t  | 1 U.S.C. § 342(b) for Individuals Filing<br>he appropriate box.  |
|   | are cho  | sing to file                    | <b>☑</b> Cha                                      | pter 7  |  |   |  |
|   |  |                                 | ☐ Cha   | pter 11   |  |   |  |
|   |  |                                 | ☐ Cha   | pter 12   |  |   |  |
|   | nevent visitati kuris est est est est est est est est est es |                                 | 🗖 Cha   | pter 13   |  |   |  |
| 8.  | How you  | ı will pay the fee              | loca you sub with  I ne App  I red By li less pay | al court for it reelf, you not mitting you not a pre-print ed to pay the discation for quest that aw, a judge than 150% the fee in it | more details about how you may pay with cash, cashier's car payment on your behalf, you need address.  the fee in installments. If you raindividuals to Pay The Filing may fee be waived (You may e may, but is not required to, who of the official poverty line that | nay pay. Typical check, or money ur attorney may u choose this of Fee in Installmed request this optivative your fee, at applies to you its option, you m | order. If your attorney is pay with a credit card or check oftion, sign and attach the ents (Official Form 103A).  Ition only if you are filing for Chapter 7, and may do so only if your income is ir family size and you are unable to nust fill out the Application to Have the |
| 9.  |  | ı filed for                     | ☑ No  |   |  |   |  |
|   | last 8 ye  |                                 | ☐ Yes.  | District  | When   | MM / DD / YYYY  | Case number  |
|   |  |                                 |   | District  | When   |   | Case number  |
|   |  |                                 |   | <b>5</b> : 12:  |  |   |  |
|   |  |                                 |   | District  | When   | MM / DD / YYYY  | Case number  |
| 10.   | Are any  | pankruptcy                      | ☑ No  |   |  | annu annu annu magaritat para (10, 20, 20, 10, 20, 1  |  |
|   |  | nding or being<br>spouse who is | ☐ Yes.  | Debtor  |  |   | Relationship to you  |
| not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |  | this case with y a business     |   |   | When   |   | Case number, if known  |
|   |  |                                 |   | Debtor  |  |   | Relationship to you  |
|   |  |                                 |   | District  | When   | MM / DD / YYYY  | Case number, if known  |
| ii. Do you rent y<br>residence?   |  |                                 | ☑ No.<br>☐ Yes.                                   | Go to line 1 Has your la residence?  No. Go   | andlord obtained an eviction judgr<br>?<br>o to line 12.   | ment against you  |  |
|   |  |                                 |   |   | ill out <i>Initial Statement About an E</i><br>nkruptcy petition.  | Eviction Judgment   | Against You (Form 101A) and file it with   |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 4 of 53

| Debto               | or 1 Shavon First Name Middle Nar   | 1 <del>e</del>         | Gibson<br>Last Name                                       | Case no  | ımber (il known)             | ************************************** |  |               |
|---------------------|---|------------------------|---|--|------------------------------|--|--|---------------|
|                     |   |                        |   |  |                              |  |  |               |
| Part                | Report About Any i  | Busines                | ses You Own as a Sol                                      | e Proprietor   |                              |  |  |               |
|                     | re you a sole proprietor<br>f any full- or part-time  | 🗷 No.                  | Go to Part 4.   |  |                              |  |  |               |
|                     | usiness?  | ☐ Yes                  | Name and location of but                                  | siness   |                              |  |  |               |
| bı<br>in<br>se<br>a | sole proprietorship is a<br>usiness you operate as an<br>dividual, and is not a<br>eparate legal entity such as<br>corporation, partnership, or |                        | Name of business, if any                                  |  |                              |  | , I MANAGAMA   |               |
|                     | LC.<br>you have more than one   |                        | Tegringor Guest   |  |                              |  |  |               |
| SC<br>SE            | ole proprietorship, use a<br>eparate sheet and attach it  |                        |   |  |                              |  |  |               |
| to                  | this petition.  |                        | City  | ,  | State                        | ZIP Code                               | - A Marchary More comm   |               |
|                     |   |                        | Check the appropriate bo                                  | ox to describe your business:  |                              |  |  |               |
|                     |   |                        | ☐ Health Care Business                                    | s (as defined in 11 U.S.C. § 10  | 01(27A))                     |  |  |               |
|                     |   |                        | ☐ Single Asset Real Est                                   | tate (as defined in 11 U.S.C. §  | 101(51B))                    |  |  |               |
|                     |   |                        | ☐ Stockbroker (as defin                                   | ed in 11 U.S.C. § 101(53A))  |                              |  |  |               |
|                     |   |                        |   | s defined in 11 U.S.C. § 101(6   | 3))                          |  |  |               |
|                     |   |                        | ☐ None of the above                                       |  |                              |  |  |               |
| CI<br>Ba<br>ar      | re you filing under<br>hapter 11 of the<br>ankruptcy Code and<br>re you a s <i>mall busin</i> ess<br>ebtor?                                     | most red<br>any of the | appropriate deadlines. If ye<br>ent balance sheet, statem | the court must know whether<br>ou indicate that you are a sma<br>ent of operations, cash-flow s<br>ist, follow the procedure in 11 | all business<br>statement, a | debtor, you r                          | must attach vour   |               |
|                     | or a definition of small siness debtor, see   |                        | - ,   | 11, but I am NOT a small bus   |                              |  |  |               |
|                     | U.S.C. § 101(51D).  |                        | the Bankruptcy Code.                                      |  |                              |  |  |               |
|                     |   | Yes.                   | I am filing under Chapter Bankruptcy Code.                | 11 and I am a small business   | debtor acco                  | rding to the o                         | definition in the  |               |
| Part 4              | 4: Report if You Own o  | r Have                 | Any Hazardous Prope                                       | rty or Any Property That   | Needs In                     | nmediate /                             | Attention  |               |
|                     | you own or have any   | ☑ No                   |   |  |                              |  |  |               |
| all                 | operty that poses or is eged to pose a threat   | $\square$ Yes.         | What is the hazard?                                       |  |                              |  |  |               |
| ide<br>pu<br>Or     | imminent and<br>entifiable hazard to<br>blic health or safety?<br>do you own any  |                        | -   |  | V <sup>M</sup> s MAAddalad   | 4444                                   | The state of the s | _             |
|                     | operty that needs mediate attention?  |                        | If immediate attention is                                 | needed, why is it needed?  |                              |  |  | _             |
| per<br>tha          | r example, do you own<br>rishable goods, or livestock<br>t must be fed, or a building<br>t needs urgent repairs?                                |                        |   | **************************************   |                              |  |  |               |
|                     |   |                        | Where is the property?                                    | Number Street  |                              | ********                               |  |               |
|                     |   |                        |   |  |                              |  |  |               |
|                     |   |                        |   |  |                              |  |  |               |
|                     |   |                        | ō   | ity  |                              | State                                  | ZIP Code   | <del></del> . |

### Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 5 of 53

| Debtor 1 | Shavon<br>First Name | Middle Name | Gibson<br>Last Name | Case number (if known | 0 |
|----------|----------------------|-------------|---------------------|-----------------------|---|
|          | rust Name            | widge Name  | Lastivame           |                       |   |

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| Ab |  |  |  |
|----|--|--|--|
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| Ш |           | •      |         | ceive a brief | ing about |
|---|-----------|--------|---------|---------------|-----------|
|   | credit co | unseli | ng beca | use of:       |           |
|   |           |        |         |               |           |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| i am r | not  | required | to | receive | a  | briefing | about |
|--------|------|----------|----|---------|----|----------|-------|
| credi  | t co | unseling | be | cause o | f: |          |       |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 6 of 53

| De     | ebtor 1 SIIAVUII First Name Middle Nam  | TIDSON THE Last Name   | Case number (if kin  | 10Wn)   | _          |
|--------|---|--|--|---|------------|
|        | 1 754 TRATISE PRIMILIE INGLI  | ne Last (Aquile  |  |   |            |
| P      | art 6: Answer These Que   | stions for Reporting Purpo   | ses  |   |            |
| 16     | . What kind of debts do<br>you have?  | as "incurred by an individuation of the second of the seco | rily consumer debts? Consumer debts all primarily for a personal, family, or hou if the consumer debts? Business debts are through the operation of the  | sehold purpose."  |            |
|        |   | No. Go to line 16c.  |  |   |            |
|        |   | Yes. Go to line 17.  | and the second s | afana 1 Ma  |            |
|        |   | Toc. State the type of debts you   | u owe that are not consumer debts or bu  | siness debts.   |            |
| 17.    | Are you filing under Chapter 7?   | □ No. I am not filing under Cl   | hapter 7. Go to line 18.   | ah dan memerinkan diselektra menjanjak diselektra diselektra menumen menjang negarah pinjak diselektra bangan men | NOTES.     |
| ion de | Do you estimate that after<br>any exempt property is<br>excluded and<br>administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors? | Yes. I am filing under Chapt<br>administrative expense<br>No  Yes  | ter 7. Do you estimate that after any exer<br>es are paid that funds will be available to  | npt property is excluded and distribute to unsecured creditors?   |            |
| 18.    | How many creditors do you estimate that you owe?  | ✓ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999  | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000  | + 65 Path. |
| 19.    | How much do you estimate your assets to be worth?   | ✓ \$0-\$50,000<br>☐ \$50,001-\$100,000<br>☐ \$100,001-\$500,000<br>☐ \$500,001-\$1 million   | □ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion       | witati     |
| 20.    | How much do you estimate your liabilities to be?  | ✓ \$0-\$50,000<br>☐ \$50,001-\$100,000<br>☐ \$100,001-\$500,000<br>☐ \$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion       | [CSMiG-re  |
| Pa     | rt 7: Sign Below  |  |  |   |            |
| Fo     | r you   | correct.  If I have chosen to file under Ch  | nd I declare under penalty of perjury that apter 7, I am aware that I may proceed, i understand the relief available under ea  | if eligible, under Chapter 7, 11,12, or 13  |            |
|        |   | If no attorney represents me and this document, I have obtained a  | d I did not pay or agree to pay someone vand read the notice required by 11 U.S.C  | who is not an attorney to help me fill out . § 342(b).  | -          |
|        |   | I understand making a false stat<br>with a bankfuptcy case can resu<br>18 U.S.C. \$\$ 132, 1341, 1519, a   | oft in fines up to \$250,000, or imprisonme<br>and/3571.   | money or property by fraud in connection  |            |
|        |   | Signature of Debtor 1  | Signature  | e of Debtor 2   |            |
|        |   | Executed on 5.19.  | TYYY Executed  | on  |            |

# Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 7 of 53

| Debtor 1  | Shavon<br>First Name Middle Nam | Gibson<br>Last Name   | Case number (if known)_   | · · · · · · · · · · · · · · · · · · ·  | <del></del> |  |  |
|---|---------------------------------|---|---|--|-------------|--|--|
| For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page. |                                 | to proceed under Chapter 7, 11, 12, or 1 available under each chapter for which t | n this petition, declare that I have inf<br>3 of title 11, United States Code, ar<br>he person is eligible. I also certify the<br>o) and, in a case in which § 707(b)(4 | e that I have informed the debtor(s) about eligibili States Code, and have explained the relief . I also certify that I have delivered to the debtor( which § 707(b)(4)(D) applies, certify that I have no  lies filed with the petition is incorrect. |             |  |  |
|   | no and page.                    | Signature of Attorney for Debtor  | Date  | MM / DD /YYYY  |             |  |  |
|   |                                 | ,   |   |  |             |  |  |
|   |                                 | -   |   |  |             |  |  |
|   |                                 | Printed name  |   |  |             |  |  |
|   |                                 | Firm name   |   |  |             |  |  |
|   |                                 | Number Street   |   |  |             |  |  |
|   |                                 |   |   |  |             |  |  |
|   |                                 |   | 74 10 4 16 16 16 16 16 16 16 16 16 16 16 16 16  |  | ******      |  |  |
|   |                                 | City  | State   | ZIP Cod  | е           |  |  |
|   |                                 |   |   |  |             |  |  |
|   |                                 | Contact phone   | Email address   |  |             |  |  |
|   |                                 |   |   |  |             |  |  |
|   |                                 | Bar number  | State   | -  |             |  |  |
|   |                                 |   |   |  |             |  |  |
|   |                                 |   |   |  |             |  |  |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 8 of 53

| Debtor 1  | Shavon First Name Middle Name            | Gibson<br>Last Name  | Case number (if known)   |
|---|--|--|--|
| araniakasinni eront   |  |  |  |
| bankrup<br>attorney   | if you are filing this<br>tcy without an | should understand that themselves successfully   | individual, to represent yourself in bankruptcy court, but you many people find it extremely difficult to represent by Because bankruptcy has long-term financial and legal strongly urged to hire a qualified attorney.   |
| If you are represented by<br>an attorney, you do not<br>need to file this page. |  | To be successful, you must technical, and a mistake or dismissed because you did hearing, or cooperate with the firm if your case is selected.   | correctly file and handle your bankruptcy case. The rules are very inaction may affect your rights. For example, your case may be not file a required document, pay a fee on time, attend a meeting or ne court, case trustee, U.S. trustee, bankruptcy administrator, or audit for audit. If that happens, you could lose your right to file another ctions, including the benefit of the automatic stay.   |
|   |  | court. Even if you plan to pa<br>in your schedules. If you do<br>property or properly claim it<br>also deny you a discharge o<br>case, such as destroying or<br>cases are randomly audited | ty and debts in the schedules that you are required to file with the y a particular debt outside of your bankruptcy, you must list that debt not list a debt, the debt may not be discharged. If you do not list as exempt, you may not be able to keep the property. The judge can f all your debts if you do something dishonest in your bankruptcy hiding property, falsifying records, or lying. Individual bankruptcy to determine if debtors have been accurate, truthful, and complete. |
|   |  | hired an attorney. The court successful, you must be fam   | in attorney, the court expects you to follow the rules as if you had will not treat you differently because you are filing for yourself. To be illiar with the United States Bankruptcy Code, the Federal Rules of the local rules of the court in which your case is filed. You must also emption laws that apply.  |
|   |  | Are you aware that filing for loonsequences?   | bankruptcy is a serious action with long-term financial and legal  |
|   |  | ☐ No<br>☑ Yes  |  |
|   |  | Are you aware that bankrupt inaccurate or incomplete, you  | cy fraud is a serious crime and that if your bankruptcy forms are u could be fined or imprisoned?  |
|   |  | ☐ No<br>☑ Yes  |  |
|   |  | ☑ No ☐ Yes. Name of Person   | someone who is not an attorney to help you fill out your bankruptcy forms?  tition Preparer's Notice, Declaration, and Signature (Official Form 119).  |
|   |  | have read and understood th<br>attorney may cause me to los  | ge that I understand the risks involved in filing without an attorney. I is notice, and I am aware that filing a bankruptcy case without an see my rights or property if I do not properly handle the case.  |
|   | ,  | Signature of Debtor 1  | Signature of Debtor 2  |
|   |  | Date <u>5./9-</u><br>MM/DD/YYYY  |  |
|   |  | Contact phone 773-63   | 0-4879 Contact phone   |
|   |  | Cell phone   | Cell phone   |
|   |  | Email address  | Email address  |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 9 of 53

| Debtor 1            | Shavon                      |             | Gibson    |
|---------------------|-----------------------------|-------------|-----------|
|                     | First Name                  | Middle Name | Last Name |
| Debtor 2            |                             |             |           |
| (Spouse, if filing) | First Name                  | Middle Name | Last Name |
| United States I     | Bankruptcy Court for the: _ | District of | of        |
| Case number         |                             |             |           |
|                     | (If known)                  |             |           |

☐ Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

14/10

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| art 1: Summarize Your Assets   |                                      |
|--|--------------------------------------|
|  | Your assets<br>Value of what you own |
| Schedule A/B: Property (Official Form 106A/B)  | 0.00                                 |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | . \$0.00                             |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$                                   |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$                                   |
| rt 2: Summarize Your Liabilities   |                                      |
| Sobodulo D. Oradita va Mila Han Oli in O   | Your liabilities<br>Amount you owe   |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00                               |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$ <u>3,150.00</u>                   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | + \$ 8,993.00                        |
| Your total liabilities   | \$12,143.00                          |
| 18: Summarize Your Income and Expenses   |                                      |
| Schedule I: Your Income (Official Form 106I)   | s 3,680.56                           |
| Copy your combined monthly income from line 12 of Schedule I   | \$                                   |
| Schedule J: Your Expenses (Official Form 106J)   | 0.500.00                             |
| Copy your monthly expenses from line 22c of Schedule J   | s 3,598.00                           |

Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 10 of 53

| Del  | btor 1          | Shavon First Name Middle Name                              |   | bson   | ase number (if known)  |  |
|------|-----------------|--|---|--|--|--|
|      |                 | rist varite Middle Name                                    | Last Name   |  |  |  |
| Pa   | art 4:          | Answer These Ques  | tions for Administrative                                    | and Statistical Records  | 5  |  |
| 6.   | Are y           | ou filing for bankruptcy u                                 | inder Chapters 7, 11, or 13?                                |  |  |  |
|      | _               | o. You have nothing to repo                                |   |  | form to the court with your other  | schedules.   |
| 7.   | What I          | kind of debt do you have                                   | ?   |  | and the state of t | d of the first of the terminal contribution of the property contribution and the property of the property of the   |
|      | Yo far          | our debts are primarily co<br>mily, or household purpose   | nsumer debts. Consumer de<br>" 11 U.S.C. § 101(8). Fill out | ebts are those "incurred by ar<br>lines 8-9g for statistical purpo | n individual primarily for a perso<br>oses. 28 U.S.C. § 159.   | nal,   |
|      | Yo<br>thi       | our debts are not primarily is form to the court with you  | y consumer debts. You have<br>ir other schedules.           | e nothing to report on this par                                    | t of the form. Check this box an   | d submit   |
| 8.   | From 1          | the Statement of Your Cu<br>122A-1 Line 11; OR, Form       | errent Monthly Income: Copy<br>122B Line 11; OR, Form 122   | y your total current monthly in<br>C-1 Line 14.                    | ocome from Official  | \$ 4,005.60  |
| 9. ( | Copy t          | the following special cate                                 | gories of claims from Part 4                                | 4, line 6 of Schedule E/F:   | Total claim  | tter of the the state of the state of the second state of the state of |
|      |                 | n Part 4 on <i>Schedule E/F</i> ,                          |   |  | en de la Maria<br>Nacional   |  |
| Ş    | 9a. Dor         | mestic support obligations (                               | (Copy line 6a.)   |  | s0.00  |  |
| (    | 9b. Tax         | kes and certain other debts                                | you owe the government. (Co                                 | opy line 6b.)  | \$0.00   |  |
| 9    | 9c. Clai        | ims for death or personal in                               | njury while you were intoxicate                             | ed. (Copy line 6c.)  | \$   |  |
| ę    | d. Stu          | dent loans. (Copy line 6f.)                                |   |  | \$8,993.00   |  |
| g    | e. Obli<br>prio | igations arising out of a sepority claims. (Copy line 6g.) | paration agreement or divorce                               | e that you did not report as                                       | \$0.00   |  |
| 9    | f. Deb          | ots to pension or profit-shar                              | ing plans, and other similar d                              | ebts. (Copy line 6h.)  | + \$ 0.00  |  |
| 9    | g. <b>Tot</b> a | al. Add lines 9a through 9f.                               |   |  | \$ 8,993.00  |  |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 11 of 53

| Debtor 1            | Shavon               |                | Gibson                                |
|---------------------|----------------------|----------------|---------------------------------------|
|                     | First Name           | Middle Name    | Last Name                             |
| Debtor 2            |                      | ****           |                                       |
| (Spouse, if filing) | First Name           | Middle Name    | Last Name                             |
| United States I     | Bankruptcy Court for | r the: Distric | et of                                 |
|                     |                      |                |                                       |
| Case number         |                      |                |                                       |
|                     |                      |                |                                       |
| *                   |                      | ~~~~~          | , , , , , , , , , , , , , , , , , , , |

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

| Yes. Where is the property?  I.1. Street address, if available, or other description | What is the property? Check all that apply.  ☐ Single-family home ☐ Duplex or multi-unit building  | Do not deduct secured old<br>the amount of any secure<br>Creditors Who Have Clair                 | d claims on Schedule D.  |
|--|--|---|--|
|  | <ul><li>Condominium or cooperative</li><li>Manufactured or mobile home</li></ul>   | Current value of the entire property?   | Current value of the portion you own?  |
|  | Land Investment property Timeshare   | \$  Describe the nature of  |  |
| City State ZIP Co.   | Other  | interest (such as fee<br>the entireties, or a life  |  |
|  | Who has an interest in the property? Check one.  Debtor 1 only   |   |  |
| County   | <ul> <li>☐ Debtor 2 only</li> <li>☐ Debtor 1 and Debtor 2 only</li> <li>☐ At least one of the debtors and another</li> </ul>                             | Check if this is co   | mmunity property   |
|  | Other information you wish to add about this it property identification number:  |   |  |
|  |  |   |  |
| you own or have more than one, list here:  | What is the property? Check all that apply.  | Do not deduct secured cla   | ims or exemptions. Put   |
| 2  | Single-family home  Duplex or multi-unit building  | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clain                 | l claims on Schedule D   |
|  | □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home  | the amount of any secure  | d claims on Schedule D.<br>as Secured by Property.   |
| 2  | □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative  | the amount of any securer<br>Creditors Who Have Clain<br>Current value of the<br>entire property? | I claims on Schedule D. Is Secured by Property.  Current value of the portion you own?     |
| 2  | □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property             | the amount of any securer<br>Creditors Who Have Clain<br>Current value of the                     | I claims on Schedule D. Is Secured by Property.  Current value of the portion you own?  \$ |
| .2. Street address, if available, or other description                               | □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare | the amount of any securer Creditors Who Have Clain Current value of the entire property?  \$      | I claims on Schedule D as Secured by Property  Current value of the portion you own?  \$   |

Entered 05/19/17 13:04:42 Case 17-15614 Doc 1 Filed 05/19/17 Desc Main Document Page 12 of 53 Shavon Gibson Debtor 1 Case number (if known) First Name Middle Name Last Name What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: 1.3. Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building ☐ Condominium or cooperative Current value of the Current value of the entire property? portion you own? Manufactured or mobile home ☐ Land Investment property Describe the nature of your ownership City State ZIP Code ☐ Timeshare interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Chevrolet Who has an interest in the property? Check one. 3.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Impala Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2011 Year: Debtor 1 and Debtor 2 only Current value of the Current value of the 92,500 entire property? Approximate mileage: portion you own? At least one of the debtors and another Other information: 5.914.00 Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. Make:

Official Form 106A/B

3.2.

Model:

Year:

Approximate mileage:

Other information:

Debtor 1 only

Debtor 2 only

instructions)

Debtor 1 and Debtor 2 only

At least one of the debtors and another

☐ Check if this is community property (see

Current value of the

portion you own?

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D.

Creditors Who Have Claims Secured by Property.

Current value of the

entire property?

Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Mail Document Page 13 of 53

Shavon Gibson Debtor 1 Case number (if known) First Name Who has an interest in the property? Check one. 3.3. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the 
Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. Make: 3.4. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories **Z**I No ☐ Yes Who has an interest in the property? Check one. 4.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property. Debtor 1 only Model: Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2 Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property Debtor 2 only Year: Current value of the Debtor 1 and Debtor 2 only Current value of the entire property? portion you own? Other information: At least one of the debtors and another ☐ Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

Document

Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Page 14 of 53

Debtor 1

Shavon First Name

Middle Name

Gibson Last Name

Case number (if known)\_

| Do           | you own or have any legal or equitable interest in any of the following items?   | Current va                  | u own?            |
|--------------|--|-----------------------------|-------------------|
|              |  | Do not dedu<br>or exemption | ct secured claims |
| 6.           | Household goods and furnishings  |                             |                   |
|              | Examples: Major appliances, furniture, linens, china, kitchenware  |                             |                   |
|              | No Variable Stove, refrigerator, furniture   |                             | 650.00            |
|              | stove, reingerator, furniture  | \$                          | 000.00            |
|              | Electronics  |                             |                   |
|              | Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games   |                             |                   |
|              | No Yes. Describe   |                             | 000.00            |
|              | TV, Pnone  | \$                          | 300.00            |
|              | Collectibles of value  | arterito has delessario     |                   |
|              | Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles  No  |                             |                   |
|              | Yes. Describe  | \$                          |                   |
| 9. l         | Equipment for sports and hobbies   |                             |                   |
|              | Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments  |                             |                   |
|              | No production of the productio | intermedia in a             |                   |
|              | Yes. Describe  | \$                          |                   |
| 10. <b>I</b> | Firearms   |                             |                   |
|              | Examples: Pistols, rifles, shotguns, ammunition, and related equipment  2 No   |                             |                   |
|              | Yes. Describe  | \$                          |                   |
| 11. 🕻        | Clothes  |                             |                   |
|              | Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  3 No   |                             |                   |
| -            | 2 Yes. Describe clothes  | \$                          | 250.00            |
|              | lewelry  |                             |                   |
|              | Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver  |                             |                   |
| _            | No  | Manager on a                |                   |
| -            | → Yes. Describe  | \$                          |                   |
|              | Mon-farm animals   |                             |                   |
|              | Examples: Dogs, cats, birds, horses  |                             |                   |
|              | ☑ No<br>☑ Yes. Describe  | \$                          |                   |
| 4. <b>A</b>  | any other personal and household items you did not already list, including any health aids you did not list  | , approx. B                 |                   |
|              | 2 No   |                             |                   |
|              | Yes. Give specific   | MP/A                        |                   |
|              | information.   | \$                          |                   |
| 5. A         | add the dollar value of all of your entries from Part 3, including any entries for pages you have attached   |                             | 1,200.00          |
| f            | or Part 3. Write that number here  | Ψ                           | 1,200.00          |

Document

Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Page 15 of 53

Debtor 1

Shavon

Middle Name

Gibson

Last Name

Case number (if known)\_

|  | / legal or equitable interest in   |  | Current value of the portion you own?  Do not deduct secured claim: |
|--|--|--|---|
|  | and the first day of the first property of the   |  | or exemptions.  |
| 16. <b>Cash</b> <i>Examples:</i> Money you | rhave in your wallet, in your ho   | me, in a safe deposit box, and on hand when you file your petition   | 1   |
| ☑ No                                       |  |  |   |
| ☐ Yes                                      |  | Cash:  | ······ \$   |
| and other s                                | savings, or other financial acco<br>similar institutions. If you have n  | unts; certificates of deposit; shares in credit unions, brokerage ho<br>nultiple accounts with the same institution, list each.  | ouses,  |
| <b>☑</b> No                                |  |  |   |
| ☐ Yes                                      |  | Institution name:  |   |
|  | 17.1. Checking account:  |  | \$  |
|  | 17.2. Checking account:  |  | \$  |
|  | 17.3. Savings account:   |  | \$  |
|  | 17.4. Savings account:   |  | \$  |
|  | 17.5. Certificates of deposit:   |  | \$  |
|  | 17.6. Other financial account:   |  | \$ <u></u>  |
|  | 17.7. Other financial account:   | MINISTRAL CONTRACTOR C | \$  |
|  | 17.8. Other financial account:   |  |   |
|  | 17.9. Other financial account:   |  |   |
|  |  |  |   |
|  | or publicly traded stocks investment accounts with broken  | erage firms, money market accounts   |   |
| 2 No                                       |  | •  |   |
| Yes  | Institution or issuer name:  |  |   |
|  | ****   |  | \$  |
|  |  |  | \$  |
|  |  |  | <u> </u>  |
| 9. Non-publicly traded st                  | tock and interests in incorpo  | rated and unincorporated businesses, including an interest i   | n   |
| an LLC, partnership, a                     | and joint venture  | , a second to the second to th |   |
| No Character                               | Name of entity:  | % of ownership:  |   |
| Yes. Give specific information about       | 4-9-4-00-00-00-0   | 0% %   | \$  |
| them                                       | 200 March 1997 March 1 | 0% %   | \$  |
|  |  |  | \$  |

Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 16 of 53

| First Name                                 |   |  | Case number (it known)  |   |
|--|---|--|---|---|
|  | Middle Name   | Last Name  |   |   |
|  |   |  |   |   |
| ent and corp                               | orate bonds and o   | ther negotiable and non-negotiat   | le instruments  |   |
| e instruments                              | include personal ch   | ecks, cashiers' checks, promissory   | notes, and money orders.  |   |
| uavie irisirum                             | ems are those you t   | cannot transfer to someone by signi  | ng or delivering them.  |   |
|  | lanuar name.  |  |   |   |
| ive specific<br>ation about                | issuer name:  |  |   |   |
|  |   |  |   | - \$  |
|  |   |  |   | \$  |
|  |   |  |   | · \$  |
|  |   |  |   |   |
| -  |   | 401(k), 403(b), thrift savings accoun  | ots or other pension or profit-sharing place  | ne  |
|  | ,   |  | may be obtained providing plan  | 10  |
| st each                                    |   |  |   |   |
| nt separately.                             | Type of account:  | Institution name:  |   |   |
|  | 401(k) or similar plar  | 1:   |   | . \$  |
|  | Pension plan:   |  |   | \$  |
|  | IRA:  |  |   |   |
|  | Retirement account:   |  |   | . \$ <u> </u>   |
|  | Retilement account.   |  |   | . \$  |
|  |   |  |   | _   |
|  | Keogh:  |  |   | \$  |
|  | Keogh: Additional account:  |  |   | _   |
|  | Additional account: Additional account:   |  |   | \$  |
| of all unused                              | Additional account:  Additional account:  prepayments deposits you have   |  | vice or use from a company  | \$  |
| of all unused<br>Agreements v<br>or others | Additional account:  Additional account:  prepayments deposits you have with landlords, prepayments   | made so that you may continue sen<br>aid rent, public utilities (electric, gas                                     | vice or use from a company  | \$  |
| of all unused<br>Agreements v              | Additional account:  Additional account:  prepayments deposits you have a with landlords, prepayments   | made so that you may continue sen  | vice or use from a company  | \$  |
| of all unused<br>Agreements v<br>or others | Additional account:  Additional account:  prepayments deposits you have with landlords, prepayith landlords, prepayith landlords.   | made so that you may continue sen<br>aid rent, public utilities (electric, gas                                     | vice or use from a company  | \$  |
| of all unused<br>Agreements v<br>or others | Additional account:  Additional account:  prepayments deposits you have to with landlords, prepayments  In Electric:  Gas:  | made so that you may continue sen<br>aid rent, public utilities (electric, gas                                     | vice or use from a company  | \$\$  |
| of all unused<br>Agreements v<br>or others | Additional account:  Additional account:  Drepayments  deposits you have to with landlords, prepayments  In Electric:  Gas:  Heating oil:   | made so that you may continue sen<br>aid rent, public utilities (electric, gas<br>nstitution name or individual:   | vice or use from a company<br>water), telecommunications  | \$\$<br>\$\$  |
| of all unused<br>Agreements v<br>or others | Additional account:  Additional account:  Prepayments  deposits you have with landlords, prepayments  If  Electric:  Gas:  Heating oil:  Security deposit on re   | made so that you may continue sen<br>aid rent, public utilities (electric, gas                                     | vice or use from a company<br>water), telecommunications  | \$\$<br>\$\$<br>\$\$  |
| of all unused<br>Agreements v<br>or others | Additional account:  Additional account:  Drepayments  deposits you have to the posits you have to the posit of the prepaid rent: | made so that you may continue sen<br>aid rent, public utilities (electric, gas<br>nstitution name or individual:   | vice or use from a company<br>water), telecommunications  | \$\$<br>\$\$<br>\$\$  |
| of all unused<br>Agreements v<br>or others | Additional account:  Additional account:  Drepayments deposits you have to with landlords, prepayments  If Electric:  Gas: Heating oil: Security deposit on respectively deposits on respectively.  | made so that you may continue sen<br>aid rent, public utilities (electric, gas<br>nstitution name or individual:   | vice or use from a company<br>water), telecommunications  | \$\$<br>\$\$<br>\$\$<br>\$\$  |
| of all unused<br>Agreements v<br>or others | Additional account:  Additional account:  Drepayments  deposits you have to with landlords, prepayments  In Electric:  Gas:  Heating oil:  Security deposit on reprepaid rent:  Telephone:  Water:  | made so that you may continue sen<br>aid rent, public utilities (electric, gas<br>nstitution name or individual:   | vice or use from a company<br>water), telecommunications  | \$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$  |
| of all unused<br>Agreements v<br>or others | Additional account:  Additional account:  Drepayments deposits you have to with landlords, prepayments  If Electric:  Gas: Heating oil: Security deposit on respectively deposits on respectively.  | made so that you may continue sen<br>aid rent, public utilities (electric, gas<br>nstitution name or individual:   | vice or use from a company<br>water), telecommunications  | \$\$\$\$\$  |
| 9 t  | instruments iable instrum ive specific ition about t or pension Interests in II   | tor pension accounts Interests in IRA, ERISA, Keogh, st each t separately. Type of account: 401(k) or similar plan | t or pension accounts Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts teach t separately. Type of account:    Institution name:   Institution | t or pension accounts Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing planst each t separately. Type of account: Institution name:  401(k) or similar plan: Pension plan: |

Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main

Document Shavon

Page 17 of 53 Case number (if known)

|   | Shavon   |  | Gibson  | Case number (if known)   |  |
|---|--|--|---|--|--|
|   | First Name Middle  | le Name Last i   | Name  |  |  |
|   |  |  |   |  |  |
|   | s in an education IR<br>C. §§ 530(b)(1), 529A  |  |   | r under a qualified state tuition program  | 1.   |
| No  |  | .(-),(-)((),   |   |  |  |
|   |  | Institution name   | and description. Separately file t  | he records of any interests.11 U.S.C. § 52   | • (a).   |
|   |  | HISULULION HEINE   | and description. Separately life t  | ne records or any interests. IT 0.5.C. 9 52  | r(C):  |
|   |  |  |   |  | . \$   |
|   |  | ***************************************  |   |  | \$   |
|   |  |  | 1-VANOVANA PARAMETER  |  | - \$   |
| 5. Trusts, e  | quitable or future in  | nterests in proper   | ty (other than anything listed i  | n line 1), and rights or powers  |  |
| Ø No  | ble for your benefit   |  |   |  |  |
|   | Give specific  | git party reference, etchnormers, etc. contribution constitution contribution contribution contributions   | oopen kan aan ta kan teest seest, et seest op te seest op 11 meen departmentementen ken paal kan te seest op s  |  | the transaction of the state of |
| inforn  | nation about them  |  |   |  | \$   |
|   |  | EMAINS CONTRACTORS AND MANAGEMENT AN | and hyproperty of the State of | менения на применения выполня выпо |  |
|   |  |  | s, and other intellectual prope   |  |  |
|   | s: Internet domain na  | ames, websites, pro  | oceeds from royalties and licensi   | ng agreements  |  |
| ☑ No  |  | 2110/10/2018 111 - FEEDRAND AND ADDRESS AN | anarangalah sepitah dagan dagan dagagagaga semanarangan sepengan pengan angan penganak dalah dalah dalah penga  |  | an Marketon ag   |
|   | Give specific nation about them  |  |   |  | \$   |
|   |  | The state of the s | ekti mishirk mishink sakrikakaran kisarat pinasa tapini mi Sisk mishirkasa kisaran minara karara  |  | Ψ  |
| Licenses  | s, franchises, and o   | ther general intan   | gibles  |  |  |
|   |  |  |   | liquor licenses, professional licenses   |  |
| 🛭 No  |  |  |   |  |  |
|   |  |  |   |  |  |
| Yes. 0  |  |  | ·····································   |  |  |
|   | Give specific<br>nation about them   |  | a to the service to the containment and the last last profession and the containment of the containment of the  |  | \$   |
| inform  | nation about them  |  |   |  | <b>\$</b>  |
| inform  | nation about them  | ?  |   |  | \$Current value of the   |
| inform  | nation about them  | 17   |   |  | portion you own? Do not deduct secured   |
| inform  | nation about them  | r.   |   |  | portion you own?   |
| informoney or pro   | nation about them  | 17   |   |  | portion you own? Do not deduct secured   |
| inform oney or pro Tax refun  | operty owed to you   |  |   |  | portion you own? Do not deduct secured   |
| inform oney or pro Tax refun  No Yes. 6                                   | operty owed to you  ids owed to you  | tion   |   | Federal:   | portion you own? Do not deduct secured   |
| inform  Tax refun  No Yes. G a  | nation about them roperty owed to you ids owed to you Give specific informal about them, including                         | tion<br>g whether<br>returns   |   | Federal:<br>State:   | portion you own? Do not deduct secured   |
| inform  Characteristics  Tax refun  No  Yes. Garage                       | nation about them roperty owed to you rids owed to you Give specific informat about them, including                        | tion<br>g whether<br>returns   |   | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.   |
| inform oney or pro  .Tax refun  ☑ No □ Yes. G a y                         | nation about them roperty owed to you ids owed to you Give specific informal about them, including                         | tion<br>g whether<br>returns   |   | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$   |
| Tax refundance  Yes. Canaly a   | operty owed to you  do owed to you  Give specific informat about them, including you already filed the r and the tax years | tion<br>g whether<br>returns   |   | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$   |
| inform  Tax refun  No Yes. G a y a  Family su  Examples.                  | operty owed to you  do owed to you  Give specific informat about them, including you already filed the r and the tax years | tion<br>g whether<br>returns   |   | State:<br>Local:   | portion you own? Do not deduct secured claims or exemptions.  \$   |
| inform  Tax refun  No  Yes. Ga y a  Family su  Examples.  No              | ids owed to you  Give specific informal about them, including you already filed the rand the tax years                     | tion<br>g whether<br>returns<br>um alimony, spousa   |   | State:  Local:  ance, divorce settlement, property settlem   | portion you own? Do not deduct secured claims or exemptions.  \$   |
| inform  Tax refun  No  Yes. Ga y a  Family su  Examples.  No              | operty owed to you  do owed to you  Give specific informat about them, including you already filed the r and the tax years | tion<br>g whether<br>returns<br>um alimony, spousa   | al support, child support, mainter  | State: Local: ance, divorce settlement, property settlem   | portion you own? Do not deduct secured claims or exemptions.  \$   |
| inform  Tax refun  No  Yes. Ga y a  Family su  Examples.  No              | ids owed to you  Give specific informal about them, including you already filed the rand the tax years                     | tion<br>g whether<br>returns<br>um alimony, spousa   | al support, child support, mainter  | State: Local: ance, divorce settlement, property settlem Alimony:  | portion you own? Do not deduct secured claims or exemptions.  \$   |
| inform  Tax refun  No  Yes. Ga y a  Family su  Examples.  No              | ids owed to you  Give specific informal about them, including you already filed the rand the tax years                     | tion<br>g whether<br>returns<br>um alimony, spousa   | al support, child support, mainter  | State: Local:  ance, divorce settlement, property settlem  Alimony: Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$   |
| Inform  Oney or pro  Tax refun  No  Yes. Ga y a  Family su  Examples.  No | ids owed to you  Give specific informal about them, including you already filed the rand the tax years                     | tion<br>g whether<br>returns<br>um alimony, spousa   | al support, child support, mainter  | State: Local:  ance, divorce settlement, property settlem  Alimony: Maintenance: Support:  | portion you own? Do not deduct secured claims or exemptions.  \$   |
| inform  Tax refun  No Yes. Ga y a  Family su  Examples.  No               | ids owed to you  Give specific informal about them, including you already filed the rand the tax years                     | tion<br>g whether<br>returns<br>um alimony, spousa   | al support, child support, mainter  | State: Local:  Alimony: Maintenance: Support: Divorce settlement:  | portion you own? Do not deduct secured claims or exemptions.  \$   |
| inform  Tax refun  No Yes. Gay  Family su  Examples.  No Yes. G           | ids owed to you  Give specific informat about them, including you already filed the r and the tax years                    | tion g whether returns  um alimony, spousa   | al support, child support, mainter  | State: Local:  ance, divorce settlement, property settlem  Alimony: Maintenance: Support:  | portion you own? Do not deduct secured claims or exemptions.  \$   |
| inform  Tax refun  No Yes. Gay a  Family su  Examples.  No Yes. G         | ids owed to you  Give specific informat shout them, including you already filed the rand the tax years                     | tion g whether returns  um alimony, spousa tion  | al support, child support, mainter  | State: Local:  Alimony: Maintenance: Support: Divorce settlement:  | portion you own? Do not deduct secured claims or exemptions.  \$   |
| inform  Tax refun  No Yes. Gay a  Family su  Examples.  No Yes. G         | ids owed to you  Give specific informat shout them, including you already filed the rand the tax years                     | tion g whether returns  um alimony, spousa tion  es you ability insurance pay lefits; unpaid loans   | al support, child support, mainter yments, disability benefits, sick p you made to someone else   | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement: ay, vacation pay, workers' compensation,  | portion you own? Do not deduct secured claims or exemptions.  \$   |
| inform  Tax refun  No Yes. Gay a  Family su Examples. No Yes. G           | ids owed to you  Give specific informat shout them, including you already filed the rand the tax years                     | tion g whether returns  um alimony, spousa tion  | al support, child support, mainter yments, disability benefits, sick p you made to someone else   | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:   | sssssssss  |

Entered 05/19/17 13:04:42 Case 17-15614 Doc 1 Filed 05/19/17 Page 18 of 53 Document Shavon Gibson Debtor 1 Case number (if known) Last Name 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance **Z** No Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. Z No ☐ Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim. 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim..... 35. Any financial assets you did not already list No. Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here 0.00 Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned

Z No

☑ No

Yes, Describe.....

Yes. Describe....

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42

Document Page 19 of 53 Shavon Gibson Debtor 1 Case number (if known) Last Name 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☐ Yes. Describe. 41. Inventory No. Yes. Describe... 42. Interests in partnerships or joint ventures ☑ No Yes. Describe...... Name of entity: % of ownership: \_% % 43. Customer lists, mailing lists, or other compilations **☑** No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 44. Any business-related property you did not already list **∡** No Yes. Give specific information ..... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals

Examples: Livestock, poultry, farm-raised fish

₩ No ☐ Yes.....

Official Form 106A/B

Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main

Page 20 of 53 Document Shavon Gibson Debtor 1 Case number (if known) Middle Name Last Name 48. Crops-either growing or harvested **Ø** No Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☑ No ☐ Yes..... \$\_ 50. Farm and fishing supplies, chemicals, and feed ☑ No ☐ Yes.... 51. Any farm- and commercial fishing-related property you did not already list **☑** No Yes. Give specific information..... \$ 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership Z No Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... Part 8: List the Totals of Each Part of this Form 0.00 55. Part 1: Total real estate, line 2 5,914.00 56. Part 2: Total vehicles, line 5 1,200.00 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36  $\mathcal{O}$ 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 7,114.00 62. Total personal property. Add lines 56 through 61. Copy personal property total -> 7,114.00 7,114.00 63. Total of all property on Schedule A/B. Add line 55 + line 62.....

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 21 of 53

|   | formation to identify your cas   | e:   |  |   |
|---|--|--|--|---|
| Debtor 1  | Shavon   | Gibson   | *  |   |
| Debtor 2  | First Name Middle N  | lame Last Name   |  |   |
| (Spouse, if filing)   |  |  | The state of the s |   |
|   | Bankruptcy Court for the:  | District of  |  |   |
| Case number<br>(If known)   |  |  |  | ☐ Check if this is ar<br>amended filing               |
|   |  |  |  | •   |
| Official F  | orm 106C   |  |  |   |
| Sched   | ule C: The Pr  | operty You   | Claim as Exempt  | 04/16   |
| Using the prope<br>space is neede   | erty you listed on Schedule A/B:   | Property (Official Form 106)   | ogether, both are equally responsible for so<br>A/B) as your source, list the property that y<br>Additional Page as necessary. On the top o  | ou claim as exempt. If more                           |
| of any applica<br>retirement fun<br>imits the exen                            | ble statutory limit. Some exen<br>ds—may be unlimited in dolla   | nptions—such as those for<br>r amount. However, if you<br>nount and the value of the   | Il fair market value of the property being<br>r health aids, rights to receive certain b<br>claim an exemption of 100% of fair mar<br>property is determined to exceed that a  | enefits, and tax-exempt<br>ket value under a law that |
| ☑ You ar  | e claiming state and federal non<br>e claiming federal exemptions. ·<br>operty you list on Schedule A  | 11 U.S.C. § 522(b)(2)  | U.S.C. § 522(b)(3)   |   |
| Brief des   | cription of the property and line A/B that lists this property   |  | Amount of the exemption you claim  | Specific laws that allow exemption                    |
|   |  | Copy the value from Schedule A/B   | Check only one box for each exemption.   |   |
| Brief<br>description  | 12   | \$   | <b>□</b> \$  |   |
| Line from<br>Schedule   |  |  | 100% of fair market value, up to any applicable statutory limit  |   |
| Brief   |  |  |  | · · · · · · · · · · · · · · · · · · ·                 |
| description   |  |  | \$<br>100% of fair market value, up to   |   |
|   | AVB:   |  | any applicable statutory limit   |   |
| Line from<br>Schedule   | the first first of the second control of the | the first of the second of the |  |   |
| Schedule /<br>Brief   |  | _ \$   |  |   |
| Schedule /  | :  | _ \$   | ☐ \$<br>☐ 100% of fair market value, up to   |   |
| Schedule /<br>Brief<br>description  |  | _ \$   | <b></b> \$   |   |
| Schedule / Brief description Line from Schedule /                             | VB:  | n of more than \$160,375?  | □ \$ 100% of fair market value, up to any applicable statutory limit _   |   |
| Schedule / Brief description Line from Schedule / 3. Are you cla (Subject to  | VB:  | n of more than \$160,375?  | ☐ \$<br>☐ 100% of fair market value, up to   |   |
| Schedule / Brief description Line from Schedule /  3. Are you cl. (Subject to | VB:aiming a homestead exemptio adjustment on 4/01/19 and ever  | n of more than \$160,375?<br>y 3 years after that for cases  | □ \$ 100% of fair market value, up to any applicable statutory limit _   |   |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 22 of 53

Debtor 1

Shavon Gibson Case

Case number (if known)\_\_\_\_\_

#### Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim                                  | Specific laws that allow exemption   |
|---|--------------------------------------|--|--|
|   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                              |  |
| Brief description:  | \$                                   | <b>-</b> \$  |  |
| Line from Schedule A/B:   |                                      | 100% of fair market value, up to<br>any applicable statutory limit | WARRANG TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE  |
| Brief description:  | \$                                   | <b></b>  |  |
| Line from Schedule A/B: ———   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit  |  |
| Brief description:  | \$                                   | <b>□</b> \$  |  |
| Line from Schedule A/B:   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit  |  |
| Brief description:  | \$                                   | <u> </u>   |  |
| Line from Schedule A/B:   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit  |  |
| Brief description:  | \$                                   | <u> </u>   |  |
| Line from<br>Schedule A/B: ———  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit  |  |
| Brief<br>description:   | \$                                   | <b>\$</b>  |  |
| Line from<br>Schedule A/B:  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit  |  |
| Brief<br>description:   | \$                                   | <b>\$</b>  |  |
| Line from<br>Schedule A/B:  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit  |  |
| Brief description:  | \$                                   | <u> </u>   |  |
| Line from<br>Schedule A/B: ———  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit  |  |
| Brief<br>description:   | \$                                   | <b>\$</b>  |  |
| Line from<br>Schedule A/B:  |                                      | 100% of fair market value, up to any applicable statutory limit    |  |
| Brief<br>description:   | \$                                   | <b>-</b> \$  |  |
| Line from Schedule A/B:   |                                      | 100% of fair market value, up to any applicable statutory limit    |  |
| Brief<br>description:   | \$                                   | <b>S</b>   |  |
| .ine from<br>Schedule A/B: ———  |                                      | 100% of fair market value, up to any applicable statutory limit    | - And the state of |
| Brief<br>description:   | \$                                   | <b>-</b> \$  |  |
| ine from Schedule A/B:  |                                      | 100% of fair market value, up to any applicable statutory limit    |  |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 23 of 53

| Fill in this information to identify your ca   | ise:   |  |  |   |
|--|--|--|--|---|
| Debtor 1 Shavon                                | Gibson   |  |  |   |
|  | Name Last Name   |  |  |   |
| Debtor 2 (Spouse, if filing) First Name Middle | Name Last Name   |  |  |   |
| United States Bankruptcy Court for the:        |  |  |  |   |
| Officed Glates Balkruptcy Count for the.       | District of  |  |  |   |
| Case number<br>(If known)                      |  |  | Check  |   |
|  |  |  | amend  | ed filing                               |
| Official Form 106D                             |  |  |  |   |
|  | rs Who Have Claims Secu  | red by Prop  | perty  | 12/15                                   |
|  | . If two married people are filing together, both are  |  |  | +                                       |
| information. If more space is needed, cop      | by the Additional Page, fill it out, number the entries  | , and attach it to this  | form. On the top of  | any                                     |
| additional pages, write your name and ca       | ise number (if known).   |  |  |   |
| 1. Do any creditors have claims secured        | by your property?  |  |  |   |
|  | rm to the court with your other schedules. You have no   | thing else to report on t  | this form.   |   |
| Yes. Fill in all of the information below      |  |  |  |   |
|  |  |  |  |   |
| Part 1: List All Secured Claims                |  |  |  |   |
|  |  | Column A   | Column B   | Column C                                |
|  | more than one secured claim, list the creditor separatel<br>has a particular claim, list the other creditors in Part 2   | 7,111,000,111,011,011,111,111,111,111,11   | Value of collateral  | Unsecured                               |
|  | habetical order according to the creditor's name.  | Do not deduct the<br>value of collateral.  | that supports this claim   | portion<br>If any                       |
| 2.1  | A Committee of the Comm |  | _  |   |
| Creditor's Name                                | Describe the property that secures the claim:  | \$   | \$   | \$                                      |
| Creditor s Name                                |  | ***  |  |   |
| Number Street                                  | _  |  |  |   |
|  | As of the date you file, the claim is: Check all that app  | у.   |  |   |
|  | Contingent   |  |  |   |
| City State ZIP Code                            | Unliquidated Disputed  |  |  |   |
| Who owes the debt? Check one.                  | •  |  |  |   |
| Debtor 1 only                                  | Nature of lien. Check all that apply.  |  |  |   |
| Debtor 2 only                                  | An agreement you made (such as mortgage or secured<br>car loan)  |  |  |   |
| Debtor 1 and Debtor 2 only                     | Statutory lien (such as tax lien, mechanic's lien)   |  |  |   |
| At least one of the debtors and another        | Judgment lien from a lawsuit   |  |  |   |
| ☐ Check if this claim relates to a             | Other (including a right to offset)  | <del></del>  |  |   |
| community debt                                 |  |  |  |   |
| Date debt was incurred                         | Last 4 digits of account number  |  | nga-manganan-arman-arma-arma | CO-000000000000000000000000000000000000 |
| 2.2  | Describe the property that secures the claim:  | \$   | \$\$   | <u> </u>                                |
| Creditor's Name                                |  |  |  |   |
| Number Street                                  | •  | Here to construct the second s |  |   |
|  | As of the date you file, the claim is: Check all that appl   | unië<br>V.   |  |   |
|  | Contingent   | •  |  |   |
| Cit. On TD O                                   | Unliquidated   |  |  |   |
| City State ZIP Code                            | ☐ Disputed   |  |  |   |
| Who owes the debt? Check one.                  | Nature of lien. Check all that apply.  |  |  |   |
| U Debtor 1 only                                | An agreement you made (such as mortgage or secured   |  |  |   |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | car loan)  Statutory lien (such as tax lien, mechanic's lien)  |  |  |   |
| At least one of the debtors and another        | ☐ Judgment lien from a lawsuit   |  |  |   |
| ☐ Check if this claim relates to a             | Other (including a right to offset)  | ·····  |  |   |
| community debt                                 |  |  |  |   |
| Date debt was incurred                         | Last 4 digits of account number  |  |  |   |
| Add the dollar value of your entries in        | Column A on this page. Write that number here:   | \$   |  |   |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 24 of 53

Shavon Gibson Debtor 1 Case number (if known) First Name Middle Name Column A Column C **Additional Page** Amount of claim Value of collateral Unsecured Part 1: After listing any entries on this page, number them beginning with 2.3, followed Do not deduct the that supports this portion by 2.4, and so forth. value of collateral. claim If any Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent City ZIP Code Unliquidated State Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) ☐ Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated State ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) ☐ Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent State ZIP Code Unliquidated Disputed Who owes the debt? Check one Nature of lien. Check all that apply, Debtor 1 only An agreement you made (such as mortgage or secured) Debtor 2 only car loan) Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number \_\_\_\_ Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 25 of 53

| Debtor 1          | Shavon First Name Middle Name  | Last Name  | Gibson   | Case number (if known)   |
|-------------------|--|--|--|--|
| Part 2            |  |  | t That You Airea   | dy Listed  |
| agency<br>you hav | s page only if you have other  | ers to be notified abou<br>u for a debt you owe to<br>or any of the debts tha  | it your bankruptcy fo<br>someone else, list<br>it you listed in Part 1   | or a debt that you already listed in Part 1. For example, if a collection the creditor in Part 1, and then list the collection agency here. Similarly, if , list the additional creditors here. If you do not have additional persons to   |
|                   |  |  |  | On which line in Part 1 did you enter the creditor?  |
| Nam               | e e  |  |  | Last 4 digits of account number  |
| Num               | ber Street   |  | <u> </u>   |  |
| City              |  | State  | ZIP Code   | <del>-</del><br>- (  |
|                   | maada ammaay addimini sa ee ka aa ah ka ba ah  | y metro a metro a filosoficial de la composiçõe de la composiçõe de la composiçõe de la composiçõe de la compo   | Selection (Control of the Selection of t | On which line in Part 1 did you enter the creditor?  |
| Nam               | e  | V-V-1002-00-100-100-100-100-100-100-100-100  |  | Last 4 digits of account number  |
| Num               | ber Street   |  |  |  |
| City              |  | State  | ZIP Code   | <del>-</del><br>   |
|                   | a programme de estado en estado de entre en entre de entre en entre entre entre entre entre entre entre entre  | and and any security of the second security of the second  | enter de la companya   | On which line in Part 1 did you enter the creditor?  |
| Name              | <del></del>  |  |  | Last 4 digits of account number  |
| N                 | Character and the control of the con |  |  |  |
| Num!              | per Street   | -  |  |  |
| City              | Problem College Colleg | State  | ZIP Code   |  |
| ╝                 |  |  |  | On which line in Part 1 did you enter the creditor?  |
| Name              | •  |  |  | Last 4 digits of account number  |
| Numb              | per Street   |  |  |  |
| City              |  | State  | ZIP Code   |  |
| *********         | art francisco (Artista e de Carlos Carlos (Artista) (Artista) (Artista) (Artista) (Artista) (Artista) (Artista   | ······································   |  | On which line in Part 1 did you enter the creditor?  |
| Name              |  |  |  | Last 4 digits of account number  |
| Numb              | er Street  | PAYS PARAMETER Francisco   | 1-1-V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1  |  |
| City              | 1973-141-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-  | State  | ZIP Code   | The state of the s |
| 7                 | ette eller eller kommune prominen er en  | Service of the servic |  | On which line is Don't did out the line is D |
| l<br>Name         |  |  |  | On which line in Part 1 did you enter the creditor?  Last 4 digits of account number   |
|                   |  |  |  |  |
| Numb              | er Street  |  |  |  |
| <u> </u>          |  |  |  |  |
| City              |  | State  | ZIP Code   |  |

Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 26 of 53

| Fi                                      | II în this îr                                       | nformation to identify your                            | case:  | Document Tage   | 20 01 33  |                                     |                                    |
|---|---|--|--|---|---|-------------------------------------|------------------------------------|
|   |   | Shavon   |  | Gibson  |   |                                     |                                    |
| De                                      | ebtor 1   |  | iddie Name   | GIDSU(1<br>Last Name  |   |                                     |                                    |
|   | ebtor 2<br>pouse, if filing)                        | First Name Mi  | liddle Name  | Last Name   |   |                                     |                                    |
|   | •   | Bankruptcy Court for the:                              |  | ict of  |   |                                     |                                    |
| Ca                                      | ase number<br>known)                                |  |  |   |   | C                                   | Check if this is an amended filing |
|   |   | T 400E/E   | · · · · · · · · · · · · · · · · · · ·                          |   |   |                                     |                                    |
| *************************************** |   | Form 106E/F  | tore W   | ho Have Unsed   | surad Clair   | •••                                 |                                    |
|   |   |  |  | for creditors with PRIORITY   |   |                                     | 12/15                              |
| A/B<br>cred<br>need<br>any              | : Property<br>ditors with<br>ded, copy<br>additiona | (Official Form 106A/B) and partially secured claims to | d on Schedu<br>hat are listed<br>ut, number th<br>ind case nun |   | d Unexpired Leases<br>to Have Claims Secu   | (Official Form 106G).               | Do not include any<br>ore space is |
|   |   |  |  |   |   |                                     |                                    |
|   | No. Go  | editors have priority unsec<br>to Part 2.              | urea ciaims  | against you?  |   |                                     |                                    |
|   | ☑ Yes.  |  |  |   |   |                                     |                                    |
| 2.                                      | List all of   | your priority unsecured cla                            | aims. If a cred  | ditor has more than one priority  | unsecured claim, list   | the creditor separately             | for each claim. For                |
| 1                                       | nonpriority   | amounts. As much as possit                             | ble, list the cla  | claim has both priority and non<br>aims in alphabetical order accor   | ding to the creditor's i  | name. If you have more              | than two priority                  |
| ા                                       | unsecured   | claims, fill out the Continuati                        | ion Page of P  | art 1. If more than one creditor  | nolds a particular clair  | n, list the other creditor          | s in Part 3.                       |
| 1                                       | For an exp  | planation of each type of clair                        | m, see the in:   | structions for this form in the ins   | truction booklet.)  |                                     |                                    |
|   |   |  |  |   |   |                                     | ority Nonpriority<br>ount amount   |
| 2.1                                     | Dortfoli  | a Passyon;   |  |   | 0 4 7 0   | - F00 00 -                          |                                    |
|   | Priority Credi                                      | O Recovery<br>tor's Name                               |  | Last 4 digits of account number   | er <u>8 4 / 6</u>   | \$ <u>506.00</u> \$                 | <u> </u>                           |
|   |   | rporate Blvd   |  | When was the debt incurred?   | 06/28/2012  |                                     |                                    |
|   | Number  | Street   |  |   |   |                                     |                                    |
|   | Norfolk   | VA 2:  | 3502   | As of the date you file, the clai   | m is: Check all that appl   | <b>y</b> .                          |                                    |
|   | City  |  | IP Code  | Contingent  |   |                                     |                                    |
|   | Who incu  | rred the debt? Check one.                              |  | Unliquidated  |   |                                     |                                    |
|   | Debtor  |  |  | Disputed  |   |                                     |                                    |
|   | ☐ Debtor  | •  |  | Type of PRIORITY unsecured  | l claim:  |                                     |                                    |
|   |   | 1 and Debtor 2 only                                    |  | Domestic support obligations  |   |                                     |                                    |
|   |   | one of the debtors and another                         |  | Taxes and certain other debts   | you owe the government  |                                     |                                    |
|   | LI Check  | if this claim is for a commu                           | nity debt  | Claims for death or personal in   |   |                                     |                                    |
|   |   | m subject to offset?                                   |  | intoxicated   |   |                                     |                                    |
|   | No Co   |  |  | Other, Specify debt buyer   |   | -                                   |                                    |
|   | Yes   |  |  | eur var system semiliantye. 13-oliop 424 d. genes eye gyesga neprogrammen prosiper es tratigalisty at bestell a | program processing and grant or construction from the description and Artifaction at Artifaction at Artifaction |                                     |                                    |
| 2.2                                     | People<br>Priority Credit                           |  |  | Last 4 digits of account number   | r <u>0 0 0 2</u>  | <sub>\$1,955.00</sub> <sub>\$</sub> | \$                                 |
|   | ,   | Randolph St  |  | When was the debt incurred?   |   |                                     |                                    |
|   | Number  | Street   |  |   |   |                                     |                                    |
|   |   | · · · · · · · · · · · · · · · · · · ·                  |  | As of the date you file, the clair  | n is: Check all that apply  | <i>t.</i>                           |                                    |
|   | Chicago   |  |  | Contingent  |   |                                     |                                    |
|   | City  |  |  | Unliquidated  |   |                                     |                                    |
|   |   | red the debt? Check one.                               |  | ☐ Disputed  |   |                                     |                                    |
|   | Debtor 2  | •  |  | Type of PRIORITY unsecured  | claim:  |                                     |                                    |
|   |   | and Debtor 2 only                                      |  | ☐ Domestic support obligations  |   |                                     |                                    |
|   |   | one of the debtors and another                         |  | Taxes and certain other debts y   | ou owe the government   |                                     |                                    |
|   |   | if this claim is for a commun                          | nity debt  | Claims for death or personal inj  | ury while you were  |                                     |                                    |
|   |   | n subject to offset?                                   | =  | intoxicated  Other. Specify Gas Bill  |   |                                     |                                    |
|   | is the clair<br>✓ No                                | n audject to onset?                                    |  | Uner, Specify Odd Diff  |   |                                     |                                    |
|   | Yes   |  |  |   |   |                                     |                                    |

Middle Name

Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main

Debtor 1

Shavon

**Document** Gibson Last Name

Page 27 of 53

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims — Continuation Page

| After listing any entries oπ this page, number ther                | n beginning with 2.3, followed by 2.4, and so forth.   | То                       | tal claim  | Priority<br>amount  | Nonpriority<br>amount                                    |
|--|--|--------------------------|--|---|--|
| ComEd Priority Creditor's Name                                     | Last 4 digits of account number 6 0 8 5  | \$                       | 689.00   | \$  | \$   |
| P.O. Box 6111  | When was the debt incurred?  |                          |  |   |  |
| Number Street  | when was the debt incurred?  |                          |  |   |  |
|  | As of the date you file, the claim is: Check all that apply  |                          |  |   |  |
| Carol Stream IL 60197  | Contingent   |                          |  |   |  |
| City State ZIP Code  | Unliquidated Disputed  |                          |  |   |  |
| Who incurred the debt? Check one.                                  | C Disputed   |                          |  |   |  |
| Debtor 1 only  | Type of PRIORITY unsecured claim:  |                          |  |   |  |
| Debtor 2 only Debtor 1 and Debtor 2 only                           | Domestic support obligations   |                          |  |   |  |
| At least one of the debtors and another                            | Taxes and certain other debts you owe the government   |                          |  |   |  |
| ☐ Check if this claim is for a community debt                      | ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify Light Bill   |                          |  |   |  |
| Is the claim subject to offset?                                    | Other, Specify Light Diff  |                          |  |   |  |
| No ☐ Yes   |  |                          | SSD A Villebilla V Vanna v Van samma a Britani   |   |  |
|  | Last 4 digits of account number  | \$                       | ····   | \$  | \$   |
| Priority Creditor's Name   | When was the debt incurred?  |                          |  |   |  |
| Number Street  | As of the date you file, the claim is: Check all that apply.   |                          |  |   |  |
|  | ☐ Contingent   |                          |  |   |  |
| City State ZIP Code  | Unliquidated   |                          |  |   | ;  |
| Who incurred the debt? Check one.                                  | ☐ Disputed   |                          |  |   |  |
| Debtor 1 only  | Type of PRIORITY unsecured claim:  |                          |  |   |  |
| Debtor 2 only  | ☐ Domestic support obligations   |                          |  |   |  |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Taxes and certain other debts you owe the government   |                          |  |   |  |
|  | Claims for death or personal injury while you were intoxicated   |                          |  |   |  |
| Check if this claim is for a community debt                        | Other. Specify   |                          |  |   |  |
| Is the claim subject to offset?                                    |  |                          |  |   |  |
| □ No   |  |                          |  |   |  |
| Yes  |  | *2**4*1******            | CANONICAL AND CANONICAL CONTRACTOR OF THE CONTRA | 607-407-408-500 (\$107-408-500 (\$107-408-500 (\$107-408-500 (\$107-408-500 (\$107-408-500 (\$107-408-500 (\$107-408- | >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>                   |
|  | Last 4 digits of account number  | \$                       | •  | \$  | 6  |
| Priority Creditor's Name   | East 4 digits of account humber  | ·                        | `  | ·   | *:   |
| Number Street  | When was the debt incurred?  |                          |  |   |  |
|  | As of the date you file, the claim is: Check all that apply.   |                          |  |   |  |
|  | Contingent   |                          |  |   |  |
| City State ZIP Code  | Unliquidated Disputed  |                          |  |   |  |
| Who incurred the debt? Check one.                                  | was Disputed   |                          |  |   |  |
| Debtor 1 only  | Type of PRIORITY unsecured claim:  |                          |  |   |  |
| Debtor 2 only Debtor 1 and Debtor 2 only                           | Domestic support obligations   |                          |  |   |  |
| ☐ At least one of the debtors and another                          | Taxes and certain other debts you owe the government   |                          |  |   | :  |
| ☐ Check if this claim is for a community debt                      | Claims for death or personal injury while you were intoxicated   | ************************ | Sides til 4 till stade politikalisk av till stade side state   | tikatiatikujikajainja turiturtiaris etakajantiari   | t katunghus badhadhadh kating in kalang maya anyagisi ba |
| Is the elaim authiost to affect?                                   | Other. Specify   |                          |  |   |  |
| Is the claim subject to offset?                                    |  |                          |  |   |  |
| ☐ Yes  |  |                          |  |   |  |
| test Y 6S  | the state of the s |                          | ***  | **** ** ** *  |  |

Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main

Shavon

Document Gibson

Page 28 of 53

Debtor 1

First Name Middle Name

Case number (if known)

| ra   | List All of Your NONPRIOR   | RITY Uns   | ecured Claim                             | !5   |   |  |            |
|------|---|--|--|--|---|--|------------|
| 3.   | Do any creditors have nonpriority unappropriate Do. You have nothing to report in this  |  |  |  |   |  |            |
|      | Yes   | in early a section has been  | . V nez est ekt renterstilk vilke terbes | Assina wang pangangan katalan ang pangan pangan pangan sa  | element semens also the leave of the test made of the color   | als te encoding one of the least                             |            |
|      | List all of your nonpriority unsecured<br>nonpriority unsecured claim, list the crec<br>included in Part 1. If more than one cred<br>claims fill out the Continuation Page of F   | litor separ<br>litor holds   | ately for each cla                       | im. For each claim listed, identify wh   | at type of claim it is. Do not  | list claims aiready  | ď          |
| 4,70 | 1   | , and the same of the  |  |  |   | Total claim  |            |
| .1   | Ed Financial  |  |  | Last 4 digits of account number  | 0 1 0 7   | 4.550  |            |
|      | Nonpriority Creditor's Name   |  |  | -  |   | \$ 4,553.6   | JU         |
|      | 120 N Seven Oaks Drive  |  |  | When was the debt incurred?  | 10/26/2016  |  |            |
|      | Number Street   | 778.1  | 07000                                    |  |   |  |            |
|      | Knoxville<br>City   | TN<br>State  | 37922<br>ZIP Code                        | As of the date you file, the claim   | is: Check all that apply  |  |            |
|      | ,   | Otato  | u. 0000                                  | - · · · · · · · · · · · · · · · · · · ·  |   |  |            |
|      | Who incurred the debt? Check one.   |  |  | Contingent Unliquidated  |   |  |            |
|      | Debtor 1 only   |  |  | Disputed   |   |  |            |
|      | Debtor 2 only   |  |  | Disputed   |   |  |            |
|      | Debtor 1 and Debtor 2 only  |  |  | Type of NONPRIORITY unsecu   | red claim:  |  |            |
|      | At least one of the debtors and another   |  |  | Student loans  |   |  |            |
|      | Check if this claim is for a commun   | ity dobt   |  | Obligations arising out of a separ   | ation agreement or divorce  |  |            |
|      |   | nty uest   |  | that you did not report as priority  | claims  |  |            |
|      | is the claim subject to offset?   |  |  | Debts to pension or profit-sharing   | g plans, and other similar debts  |  |            |
|      | ☑ No<br>☐ Yes   |  |  | Other, Specify   |   |  |            |
|      |   | more than beginning to the contribution.   |  |  |   |  |            |
| 2    | Ed Financial /ESA   |  |  | Last 4 digits of account number  |   | \$ 4,440.0   | 0          |
|      | Nonpriority Creditor's Name   |  |  | When was the debt incurred?  | 03/01/2017  |  |            |
|      | 120 N Seven Oaks Drive  |  |  | _  |   |  |            |
|      | Number Street Knoxville   | TN   | 37922                                    | As of the date you file, the claim   | is: Check all that apply.   |  |            |
|      |   | State  | ZIP Code                                 |  |   |  |            |
|      | Miles in some dates de tag grant  |  |  | ☐ Contingent☐ Unliquidated   |   |  |            |
|      | Who incurred the debt? Check one.   |  |  | Disputed   |   |  |            |
|      | Debtor 1 only  Debtor 2 only  |  |  | and Disputed   |   |  |            |
|      | Debtor 1 and Debtor 2 only  |  |  | Type of NONPRIORITY unsecu   | red claim:  |  |            |
|      | At least one of the debtors and another   |  |  | ☑ Student loans  |   |  |            |
|      |   |  |  | Obligations arising out of a separa  | ation agreement or divorce  |  |            |
|      | Check if this claim is for a commun   | ity debt   |  | that you did not report as priority  |   |  |            |
|      | Is the claim subject to offset?   |  |  | Debts to pension or profit-sharing   |   |  |            |
|      | ☑ No  |  |  | Other. Specify   |   |  |            |
|      | Yes  Red Hall indicate in the Indicate in | milionis de de la constanta de |  | PERMITTER SENSITE CONTROL OF SENSITIVE SENSITI | and was a solicities altitude of contained the description of the properties and the limit of wasterness we manufactured. | enana sadana andandra da da mada anda anda anda anda anda an | itmient) v |
| 3    |   |  |  | Last 4 digits of account number  |   |  |            |
|      | Nonpriority Creditor's Name   |  |  | When was the debt incurred?  |   | \$   | -          |
|      |   |  |  |  |   |  |            |
|      | Number Street   |  |  |  |   |  |            |
|      | City  | State  | ZIP Code                                 | <ul> <li>As of the date you file, the claim is</li> </ul>  | is: Check all that apply.   |  |            |
|      | 14/h- /   |  |  | ☐ Contingent   |   |  |            |
|      | Who incurred the debt? Check one.   |  |  | Unliquidated   |   |  | :          |
|      | Debtor 1 only Debtor 2 only   |  |  | ☐ Disputed   |   |  |            |
|      | Debtor 1 and Debtor 2 only  |  |  |  |   |  |            |
|      | At least one of the debtors and another   |  |  | Type of NONPRIORITY unsecui  | red claim:  |  |            |
|      |   |  |  | Student loans  |   |  |            |
|      | Check if this claim is for a communi  | ty debt  |  | Obligations arising out of a separa that you did not report as priority of   |   |  |            |
|      | Is the claim subject to offset?   |  |  | Debts to pension or profit-sharing   |   |  | ì          |
|      | ☐ No☐ Yes   |  |  | Other. Specify   |   |  | 100        |
|      | ₩ Yes   |  |  | -  | -   |  | 1          |
|      |   |  |  |  |   |  |            |

Document

Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Page 29 of 53
Case number (if known)\_

Debtor 1

| 1 |
|---|
|   |

Middle Name

Last Name

| Р | :1 | 4 | 2 | ľ |
|---|----|---|---|---|
|   |    |   |   |   |

Your NONPRIORITY Unsecured Claims — Continuation Page

|  | Last 4 digits of account number   |   |
|--|---|---|
| Nonpriority Creditor's Name  | When was the debt incurred?   |   |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |   |
| City State ZIP Code  | Contingent  |   |
| Who incurred the debt? Check one.  | Unliquidated Disputed   |   |
| Debtor 1 only Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |   |
| Debtor 1 and Debtor 2 only   | Student loans   |   |
| At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce that   |   |
| ☐ Check if this claim is for a community debt  | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts      |   |
| Is the claim subject to offset?  | Other. Specify  |   |
| □ No □ Yes   |   |   |
|  | Last 4 digits of account number   | ~\\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.   |
| Nonpriority Creditor's Name  | When was the debt incurred?   |   |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |   |
| City State ZIP Code  | Contingent  |   |
| Who incurred the debt? Check one.  | Unliquidated  |   |
| D Debtor 1 only  | ☐ Disputed  |   |
| Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |   |
| Debtor 1 and Debtor 2 only   | Student loans   |   |
| At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce that   |   |
| Check if this claim is for a community debt  | you did not report as priority claims   |   |
| Is the claim subject to offset?  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                          |   |
| □ No   | Guler. Specify  |   |
| Yes  |   |   |
| THE SECRETARY PROCESSES OF THE SECRETARY SECRE | Last 4 digits of account number   | A-66-66-66-66-68-68-68-68-68-68-68-68-68- |
| Nonpriority Creditor's Name  | When was the debt incurred?   |   |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |   |
| Dity State ZIP Code  | Contingent  |   |
| Who incurred the debt? Check one.  | Unliquidated Disputed   |   |
| Debtor 1 only  | ₩ Disputed  |   |
| Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |   |
| Debtor 1 and Debtor 2 only   | Student loans   |   |
| At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce that   |   |
| ☐ Check if this claim is for a community debt  | you did not report as priority claims   |   |
| s the claim subject to offset?   | <ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify</li> </ul> |   |
| □ No   |   |   |

Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main

Debtor 1

| Shavon     |             |
|------------|-------------|
| First Name | Middle Name |
|            |             |

Document Gibson

Page 30 of 53

Case number (d known)

Part

| First Name | Middle Name | Last Name |
|------------|-------------|-----------|
|            |             |           |

| Ħ | List | Others | to | Вe | Notified | About | a | Debt | That | You | Aiready | Listed | Ì |
|---|------|--------|----|----|----------|-------|---|------|------|-----|---------|--------|---|
|---|------|--------|----|----|----------|-------|---|------|------|-----|---------|--------|---|

|  | itional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.   |
|--|--|
| √ame   | On which entry in Part 1 or Part 2 did you list the original creditor?   |
|  | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| Number Street  | Part 2: Creditors with Nonpriority Unsecured Claim   |
|  | Last 4 digits of account number  |
| City State   | ZIP Code   |
|  | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| iame   | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| umber Street   | Part 2: Creditors with Nonpriority Unsecured   |
| NAME OF THE OWNER OWNER OF THE OWNER OWNE | Claims   |
| ity State  | ZIP Code Last 4 digits of account number   |
| y magamaga da ya   | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| ame  | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| umber Street   | Part 2: Creditors with Nonpriority Unsecured   |
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| ity State  | ZIP Code Last 4 digits of account number   |
| en e   | On which entry in Part 1 or Part 2 did you list the original creditor?   |
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| umber Street   | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  |
|  | Part 2: Creditors with Nonpriority Unsecured  Claims   |
| ity State  | Last 4 digits of account number  |
| ty State  Nonematical control of the |  |
| ame  | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| and the second s | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| umber Street   | Part 2: Creditors with Nonpriority Unsecured Claims  |
|  | Last 4 digits of account number  |
| ty State  | ZIP Code  The Code is the Code |
| ame  | On which entry in Part 1 or Part 2 did you list the original creditor?   |
|  | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| umber Street   | Part 2: Creditors with Nonpriority Unsecured Claims  |
|  | Last 4 digits of account number  |
| ty State Metalogical and a second a s | ZIF Code   |
| ame  | On which entry in Part 1 or Part 2 did you list the original creditor?   |
|  | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| imber Street   | Part 2: Creditors with Nonpriority Unsecured   |
|  | Claims   |

**Document** Gibson

Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main

Debtor 1

Case number (if known)

Page 31 of 53

Part 4:

| V () ( |             |      |
|--------|-------------|------|
|        | ****        |      |
| ame    | Middle Name | Loca |

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                             |                                   |   |                             | Total cl                      | aim       |
|-----------------------------|-----------------------------------|---|-----------------------------|-------------------------------|-----------|
| Total claims<br>from Part 1 | 6a. Domesti                       | support obligations   | 68                          | a.<br>\$                      | 0.00      |
|                             | 6b. Taxes ar<br>governm           | d certain other debts you<br>ent                            | owe the                     | ). <u>\$</u>                  | 0.00      |
|                             | 6c. Claims fo<br>intoxicat        | or death or personal injury<br>ed                           | <b>while you were</b><br>6d | \$                            | 0.00      |
|                             |                                   | dd all other priority unsecured<br>amount here.             | t claims.<br>6d             | <sup>1.</sup> + <sub>\$</sub> | 3,150.00  |
|                             | 6e. <b>Total.</b> Ad              | d lines 6a through 6d.                                      | 6e                          | s.<br>\$                      | 3,150.00  |
|                             |                                   |   |                             | Total cla                     | im        |
| Total claims                | 6f. Student I                     | oans  | 6f.                         | \$                            | 8,993.00  |
| from Part 2                 |                                   | ns arising out of a separat<br>e that you did not report as |                             | . \$                          | 0.00      |
|                             | 6h. <b>Debts to</b><br>similar de | pension or profit-sharing p<br>ebts                         | lans, and other<br>6h       | · \$                          | 0.00      |
|                             |                                   | d all other nonpriority unsect<br>amount here.              | ured claims.<br>6i.         | + \$                          | 0.00      |
|                             | 6j. <b>Total.</b> Add             | lines 6f through 6i.  | 6j.                         | \$                            | 12,143.00 |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 32 of 53

| Fill in this i                | nformation to identify y  | our case:   |   |   |  |  |
|-------------------------------|---|---|---|---|--|--|
| Debtor                        | Shavon  |   | Gibson  |   |  |  |
| Debtor 2                      | First Name  | Middle Name   | Last Name   |   |  |  |
| (Spouse If filing             | ) First Name  | Middle Name   | Last Name   | f   |  |  |
| United States                 | Bankruptcy Court for the:   | District of _   |   |   |  |  |
| Case number<br>(If known)     |   | ***************************************   | *****   |   |  | Check if this is an amended filing   |
|                               | - 4000  |   |   |   |  |  |
|                               | Form 106G   |   |   |   |  |  |
| Sched                         | ule G: Exec   | utory Conti   | racts and   | Unexpire  | d Leases   | 12/15  |
| information.<br>additional pa | ete and accurate as pos<br>If more space is needed<br>ges, write your name an<br>nave any executory con<br>Check this box and file this | l, copy the additional<br>nd case number (if kn<br>tracts or unexpired le             | page, fill it out, no<br>own).<br>eases?                                    | umber the entries, an   | d attach it to this pag  | e. On the top of any   |
|                               | Fill in all of the informatio   |   |   |   |  |  |
| 2. List sepa                  | nrately each person or c<br>, rent, vehicle lease, cel  | ompany with whom y  | ou have the cont  | ract or lease. Then st  | ate what each contrac  |  |
| Pareon                        | or company with whom  | vou have the contrac  | l avlaces   | Contaction to   |  |  |
|                               | n company with whom   |   | LOIREASE  | State what t  | he contract or lease i   | <b>5.10</b>  |
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State

ZIP Code

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 33 of 53

| Debtor 1    | ,                   | Shavon<br>First Name Mic   | Idle Name  | Last Name  | Gibson   | Case number (# known)  |
|-------------|---------------------|--|--|--|--|--|
|             |                     |  |  |  | ntracts or Leases  |  |
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# Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 34 of 53

|  | this info  | rmation to identify  | your case:   |  | <u> </u>   |   |
|--|--|--|--|--|--|---|
| Debtor   | rı S   | havon  |  | Gibson   |  |   |
|  | F  | irst Name  | Middle Name  | Last Name  |  |   |
| Debtor<br>(Spouse  | rz<br>e, iffiling) Fi  | irst Name  | Middle Name  | Last Name  |  |   |
| United   | l States Ba  | nkruptcy Court for the: _  | District of  | of   |  |   |
|  | number _   |  |  | <del></del>  |  |   |
| (If knov   | wn)  |  |  |  |  | Check if this is an                       |
| ~ · · ·  |  | 40011  |  |  |  | amended filing                            |
| Offic  | cial Fo  | orm 106H   |  |  |  |   |
| Sch  | edul   | e H: Your  | Codebtor   | rs   |  | 12/15                                     |
| are filin<br>and nu  | ng togeth<br>mber the  | er, both are equally   | responsible for sup<br>s on the left. Attach   | pplying correct information  | Be as complete and accurate as possibl<br>. If more space is needed, copy the Addi<br>s page. On the top of any Additional Pag   | itional Page, fill it out,                |
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| _  |  |  | ana, Nevada, New M   | Mexico, Puerto Rico, Texas, \  | Vashington, and Wisconsin.)  |   |
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|  |  | In which community   | state or territory did   | you live?  | Fill in the name and current address o   | f that person.                            |
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| \$hi<br>\$c;<br>\$c;<br>3.1<br>\$\bar{8}\$                             | Column 1 own in line thedule Dehedule E Column 1:  Name  Number  City        | ne 2 again as a code (Official Form 106E //F, or Schedule G to Your codebtor | lebtors. Do not incluebtor only if that pe<br>O), Schedule E/F (Of<br>O fill out Column 2. | ude your spouse as a code<br>erson is a guarantor or cos<br>fficial Form 106E/F), or <i>Sch</i>  | gner. Make sure you have listed the cred edule G (Official Form 106G). Use Sched Column 2: The creditor to who Check all schedules that apply:  Schedule D, line Schedule G, line Schedule D, line Schedule E/F, line Schedule D, line                                 | litor on<br>fule D,<br>m you owe the debt |
| \$hi<br>\$c;<br>\$c;<br>3.1] \$\bar{h}\$<br>\$\bar{h}\$<br>\$\bar{h}\$ | Column 1 own in line thedule Dehedule E column 1:  Name  Number  Number      | ne 2 again as a code (Official Form 106E //F, or Schedule G to Your codebtor | lebtors. Do not incluebtor only if that pe<br>D), Schedule E/F (Of<br>Dill out Column 2.   | ude your spouse as a code<br>erson is a guarantor or cosi<br>ifficial Form 106E/F), or <i>Sch</i>  | gner. Make sure you have listed the cred edule G (Official Form 106G). Use Sched Column 2: The creditor to who Check all schedules that apply:  Schedule D, line Schedule G, line Schedule D, line Schedule E/F, line Schedule E/F, line Schedule E/F, line            | litor on<br>lule D,<br>m you owe the debt |
| \$hin \$c;                | Column 1 own in line thedule Dehedule E column 1:  Name  Number  Number      | ne 2 again as a code (Official Form 106E //F, or Schedule G to Your codebtor | lebtors. Do not incluebtor only if that pe<br>D), Schedule E/F (Of<br>Dill out Column 2.   | ude your spouse as a code<br>erson is a guarantor or cosi<br>ifficial Form 106E/F), or <i>Sch</i>  | gner. Make sure you have listed the cred edule G (Official Form 106G). Use Sched Column 2: The creditor to who Check all schedules that apply:  Schedule D, line Schedule G, line Schedule D, line Schedule D, line Schedule G, line Schedule G, line Schedule G, line | litor on<br>lule D,<br>m you owe the debt |
| 3.1  | Column 1 own in lii chedule D chedule E column 1  Name  Number  City  Number | ne 2 again as a code (Official Form 106E //F, or Schedule G to Your codebtor | lebtors. Do not incluebtor only if that pe<br>D), Schedule E/F (Of<br>Dill out Column 2.   | ude your spouse as a code<br>erson is a guarantor or cosi<br>ifficial Form 106E/F), or <i>Sch</i>  | gner. Make sure you have listed the cred edule G (Official Form 106G). Use Sched Column 2: The creditor to who Check all schedules that apply:  Schedule D, line Schedule G, line Schedule D, line Schedule E/F, line Schedule E/F, line Schedule E/F, line            | litor on<br>lule D,<br>m you owe the debt |

Official Form 106H

Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 35 of 53

Gibson

Last Name

Shavon First Name

Middle Name

Debtor 1

| (if known) |            |            |            |
|------------|------------|------------|------------|
|            |            |            |            |
|            | (if known) | (if known) | (if known) |

| Column 1                  | . Your codebtor  |  |  | Column 2: The creditor to whom you owe the de  |
|---------------------------|--|--|--|--|
|                           |  |  |  | Check all schedules that apply:  |
| Name                      |  |  | - Althouse   | Schedule D, line   |
| Nume                      |  |  |  | ☐ Schedule E/F, line   |
| Number                    | Street   |  |  | Schedule G, fine   |
| City                      |  | State  | ZIP Code   |  |
|                           |  |  |  | — ☐ Schedule D, line   |
| Name                      |  |  |  | Schedule E/F, line   |
|                           |  |  | - Wally Michael  | Schedule G, line   |
| Number                    | Street   |  |  | G Scriedule G, likie   |
| City                      |  | State  | ZIP Code   |  |
| Name                      |  | ***************************************  |  | Schedule D, line   |
|                           |  |  |  | ☐ Schedule E/F, line   |
| Number                    | Street   | West of the West of the State o |  | Schedule G, line   |
| City                      |  | State  | ZIP Code   | _  |
|                           |  | The second secon | The state of the s |  |
| Name                      |  |  | W-M-W  | Schedule D, line   |
| Number                    | Street   |  |  | Schedule E/F, line   |
|                           |  |  |  |  |
| City                      | ti the tubbe common and an annual | State  | ZIP Code   |  |
| Name                      |  |  |  | Schedule D, line   |
|                           |  |  |  | Schedule E/F, line   |
| Number                    | Street   |  |  | Schedule G, line   |
| City                      |  | State  | ZIP Code   |  |
|                           |  |  |  | Schedule D, line   |
| Vame                      |  |  |  | ☐ Schedule E/F, line   |
| Number                    | Street   | **************************************   |  | Schedule G, line   |
| City                      |  | State  | ZIP Code   | -  |
|                           |  |  | air codd   |  |
| lame                      |  |  | · · · · · · · · · · · · · · · · · · ·  | Schedule D, line   |
| lumber                    | Street   |  |  | Schedule E/F, line   |
|                           | 5,000  |  |  |  |
| ity                       | ***************************************  | State  | ZIP Code   | _  |
| lame                      |  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   | · · · · · · · · · · · · · · · · · · ·  | Schedule D, line   |
|                           |  |  |  | ☐ Schedule E/F, line   |
| lumber                    | Street   |  |  | Schedule G, line   |
| ``.                       | V  | 0  |  | _  |
| ity<br>wideinawinanoonaan | ***************************************  | State  | ZIP Code   | ACTO CONTACTO CONTRACTOR AND ACTOR CONTRACTOR AND ACTOR CONTRACTOR |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 36 of 53

| Fil                    | l in this in                      | formation to identify  | yyour case:   |  |  |   |   |   |
|------------------------|-----------------------------------|--|---|--|--|---|---|---|
| De                     | btor 1                            | Shavon   |   | Gibson                                       |  |   |   |   |
|                        |                                   | First Name   | Middle Name   | Last Name                                    |  |   |   |   |
|                        | btor 2<br>ouse, if filing)        | First Name   | Middle Name   | Last Name                                    | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |   |   |   |
| Un                     | ited States I                     | Bankruptcy Court for the:  | District of   |  |  |   |   |   |
|                        | se number                         |  |   | _  |  | Check if                                | this is:  |   |
| (If I                  | known)                            |  |   |  | NA.                                    | ☐ An ar                                 | nended filing                                     |   |
|                        |                                   |  |   |  |  |   | pplement showing post<br>ne as of the following d |   |
| Off                    | icial Fo                          | rm 106I  | _   |  |  | MM /                                    | DD / YYYY   |   |
| S                      | ched                              | ule I: You   | ur Income   |  |  |   |   | 12/15   |
| supp<br>If you<br>sepa | olying cor<br>u are separate shee | rect information. If y<br>rrated and your spot<br>t to this form. On the<br>Describe Employm | ossible. If two married pou are married and not fuse is not filing with youe top of any additional ponent | iling jointly, and y<br>I. do not include in | our spouse is<br>aformation abo        | living with                             | you, include information                          | n about your spouse.                                    |
|                        | nformatio                         | employment<br>n.   |   | Debtor 1                                     |  |   | Debtor 2 or non-fil                               | ing spouse  |
| i a                    | ttach a se                        | more than one job,<br>parate page with<br>about additional                                   | Employment status   | ☑ Employed<br>☐ Not employ                   | yed                                    |   | Employed Not employed                             | terment en hande en |
|                        | nciude par<br>elf-employ          | -time, seasonal, or<br>ed work.  |   |  |  |   |   |   |
|                        |                                   | may include student<br>ker, if it applies.   | Occupation  | Home Care                                    | Aide                                   | ······································  |   |   |
|                        |                                   |  | Employer's name   | Holy Cross/                                  | Addus                                  |   |   |   |
|                        |                                   |  | Employer's address  | 2701 w 68th                                  | st                                     |   |   |   |
|                        |                                   |  |   | Number Street                                |  | ·                                       | Number Street                                     |   |
|                        |                                   |  |   | <del>1707///////</del>                       |  |   |   |   |
|                        |                                   |  |   |  |  | *************************************** | ***************************************           |   |
|                        |                                   |  |   | Chicago                                      | IL 315                                 | 60629                                   |   |   |
|                        |                                   |  | Harriston A. A.   | City   | State ZIP (                            | Jode                                    | City  | State ZIP Code  |
|                        |                                   |  | How long employed the   | ere?   | -                                      |   |   |   |
| Par                    | t 2: G                            | ive Details About  | Monthly Income  |  |  |   |   |   |
| Es                     |                                   |  | the date you file this for  | m If you have noth                           | ing to ropod fo                        | r opyline vy                            | ita do in the energy to the                       |   |
| sp                     | ouse unie                         | ss you are separated.  |   |  |  |   |   | _   |
| be                     | you or you<br>slow. If you        | r non-filing spouse na<br>need more space, at  | ve more than one employ<br>tach a separate sheet to t   | er, combine the info<br>his form.            | ormation for all                       | employers for                           | or that person on the lines                       |   |
|                        |                                   |  |   |  | For                                    | Debtor 1                                | For Debtor 2 or non-filing spouse                 | :   |
| 2. L                   | ist month<br>eductions            | ly gross wages, sala<br>. If not paid monthly, o   | ery, and commissions (be<br>calculate what the monthly  | efore all payroll<br>y wage would be.        | 2. <u>\$_3</u> ,                       | 080.07                                  | \$  |   |
| 3. ₹                   | stimate a                         | nd list monthly over   | time pay.   |  | 3. +\$                                 | 77.53                                   | + \$  |   |
| 4. C                   | alculate ç                        | ross income. Add lin   | ne 2 + line 3.  |  | 4. \$_3,                               | 157.60                                  | \$  |   |
|                        |                                   |  |   |  | L                                      |   |   |   |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 37 of 53

| Debtor 1               | Snavon Gibson First Name Middle Name Last Name   |                      | Ca                    | ise number (if kno                 | wn)                               |                 |
|------------------------|--|----------------------|-----------------------|------------------------------------|-----------------------------------|-----------------|
|                        |  |                      | For                   | Debtor 1                           | For Debtor 2 or non-filing spouse |                 |
| Сор                    | by line 4 here   | <b>→</b> 4.          | \$                    | 3,157.60                           | \$                                |                 |
| 5. List                | all payroll deductions:  |                      |                       |                                    |                                   |                 |
| 5a.                    | . Tax, Medicare, and Social Security deductions  | 5a.                  | \$                    | 298.04                             | \$                                |                 |
| 5b.                    | Mandatory contributions for retirement plans   | 5b.                  | \$                    | 0.00                               | \$                                |                 |
| 5c.                    | Voluntary contributions for retirement plans   | 5c.                  | \$                    | 0.00                               | \$                                |                 |
| 5d.                    | Required repayments of retirement fund loans   | 5d.                  | \$                    | 0.00                               | \$                                |                 |
| 5e.                    | Insurance  | 5e.                  | \$                    | 0.00                               | \$                                |                 |
| 5f.                    | Domestic support obligations   | 5f.                  | \$                    | 0.00                               | \$                                |                 |
| 5g.                    | Union dues   | 5g.                  | \$                    | 0.00                               | \$                                |                 |
| -                      | Other deductions. Specify:   | 5h.                  | +\$                   | 0.00                               | + \$                              |                 |
|                        | d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.  |                      | <br>\$                | 325.04                             | • 3                               |                 |
|                        |  |                      | ^                     | 2,832.56                           |                                   |                 |
| 7. Cai                 | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                   | \$                    | 2,032.30                           | \$                                |                 |
|                        | all other income regularly received:   |                      |                       |                                    |                                   |                 |
|                        | Net income from rental property and from operating a business, profession, or farm   |                      |                       |                                    |                                   |                 |
|                        | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a.                  | \$                    |                                    | \$                                |                 |
| 8b.                    | Interest and dividends   | 8b.                  | \$                    |                                    | \$                                |                 |
|                        | Family support payments that you, a non-filing spouse, or a depende regularly receive  | ent                  |                       |                                    |                                   |                 |
|                        | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.                  | \$                    | 848.00                             | \$                                |                 |
| 8d.                    | Unemployment compensation  | 8d.                  | \$                    |                                    | \$                                |                 |
| 8e.                    | Social Security  | 8e.                  | \$                    |                                    | \$                                |                 |
|                        | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistanthat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | nce<br>8f.           | \$                    |                                    | \$                                |                 |
| Řa :                   | Pension or retirement income   |                      | _                     |                                    |                                   |                 |
|                        |  | 8g.                  | \$                    |                                    | \$                                |                 |
| 8h.                    | Other monthly income. Specify:   | 8h.                  | + \$                  |                                    | + \$                              |                 |
| 9. Add                 | <b>ali other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9.                   | \$                    | 848.00                             | \$                                |                 |
|                        | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.                  | \$                    | 3,680.56                           | \$                                | <b>3,680.56</b> |
| Includ                 | e all other regular contributions to the expenses that you list in Sched<br>de contributions from an unmarried partner, members of your household, y<br>ts or relatives.   |                      | penden                | its, your roomr                    | mates, and other                  |                 |
| _                      | ot include any amounts already included in lines 2-10 or amounts that are i  | not ava              | ailable t             | o pay expense                      | _                                 | 0.00            |
| Speci                  |  |                      |                       |                                    |                                   | \$0.00          |
| Write                  | the amount in the last column of line 10 to the amount in line 11. The that amount on the Summary of Your Assets and Liabilities and Certain Si  | result i<br>tatistic | s the co<br>al Inforr | ombined monti<br>mation, if it app | hly income.<br>blies 12.          | \$ 3,680.56     |
| 13. <b>Do</b> y<br>☑ 1 | rou expect an increase or decrease within the year after you file this fo  | огт?                 |                       |                                    |                                   | monthly income  |
|                        | Yes. Explain:  |                      |                       |                                    |                                   |                 |
|                        | · · · · · · · · · · · · · · · · · · ·  |                      |                       |                                    |                                   |                 |

# Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 38 of 53

| Fill in this information to identif   | y your case:   |  |   |  |
|---|--|--|---|--|
| Debtor 1 Shavon   | Gibson   | _  |   |  |
| First Name  | Middle Name Last Name  | Check if this  |   |  |
| Debtor 2<br>(Spouse, if filing) First Name  | Middle Name Last Name  | An ame   | -   |  |
| United States Bankruptcy Court for the  | District of  |  | ement showing poses as of the followin  | tpetition chapter 13   |
| Case number   |  | MM / DD  |   | g date.  |
| (If known)  |  | MM / UJ  | , үүү   |  |
| Official Form 106J  | _  |  |   |  |
| Schedule J: Yo  | ur Expenses  |  |   | 12/15  |
| Be as complete and accurate as p<br>information. If more space is need<br>(if known). Answer every question | ossible. If two married people are fil<br>ded, attach another sheet to this form<br>n. | ing together, both are equally re<br>n. On the top of any additional pa  | sponsible for supply<br>ages, write your nan  | ring correct<br>ne and case number   |
| Part 1: Describe Your Ho  | usehold  |  |   |  |
| 1. Is this a joint case?  |  |  |   |  |
| <ul><li>✓ No. Go to line 2.</li><li>✓ Yes. Does Debtor 2 live in a</li></ul>                                | separate household?  |  |   |  |
| □ No<br>□ Yes. Debtor 2 must fi   | le Official Form 106J-2, <i>Expenses for</i> S   | Separate Household of Debtor 2.  |   |  |
| 2. Do you have dependents?  | D No   | And the second s | William P. C. Bartha Company Jungs and June 24 and 24 and 25 and | t om det folker en en en egeneraliseriseriseriseriseriseris de Porter et January et flyndigen generaliser en g |
| Do not list Debtor 1 and Debtor 2.  | Yes. Fill out this information for each dependent                                      |  | Dependent's age   | Does dependent live with you?  |
| Do not state the dependents' names.   | ,  | Son  | 17  | □ No<br>☑ Yes  |
|   |  | Daughter   | _15   | ☐ No<br>☑ Yes  |
|   |  | Daughter   | 9   | ☐ No<br>☑ Yes  |
|   |  |  |   | □ No   |
|   |  |  |   | ☐ Yes  |
|   |  | No. of the Control of |   | ☐ No<br>☐ Yes  |
| Do your expenses include expenses of people other than yourself and your dependents?                        | ☑ No<br>☐ Yes  |  |   |  |
| Part 2: Estimate Your Ongo  | ng Monthly Expenses  | ***************************************  |   | :  |
| Estimate your expenses as of you  | bankruptcy filing date unless you a<br>kruptcy is filed. If this is a suppleme         | re using this form as a supplement of the box a  | ent in a Chapter 13 c<br>at the top of the form   | ase to report<br>and fill in the   |
|   | -cash government assistance if you   | know the value of  | SAN A CONTRACTOR AND A  | n de valeda escribeda escolore   |
|   | it on Schedule I: Your Income (Offic   |  | Your exper  | 1ses   |
| <ol> <li>The rental or home ownership e<br/>any rent for the ground or lot.</li> </ol>                      | expenses for your residence. Include   | first mortgage payments and  | \$  | 800.00   |
| If not included in line 4:  |  |  |   |  |
| 4a. Real estate taxes   |  |  | 4a. \$  | **************************************   |
| 4b. Property, homeowner's, or re  | enter's insurance  |  | 4b. \$  | 15.00  |
| 4c. Home maintenance, repair,   | and upkeep expenses  |  | 4c. \$  |  |
| 4d. Homeowner's association or  | condominium dues   |  | 4d. \$  |  |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 39 of 53

Debtor 1 Shavon Gibson Case number (# known)

|  |     |  |      | Your e   | xpenses                                 |
|--|-----|--|------|----------|---|
| Company   Comp | !   | 5. Additional mortgage payments for your residence, such as home equity loans  | 5.   | \$       | 0.00                                    |
| 6.   Water, sewer, garbage collection   6.   \$ 0,000  |     |  |      |          |   |
| 6b. Water, sever, garbage collection         6b. 2   \$0,000           6c. Telephone, coll phone, Internet, satellite, and cable services         6c. 3   425,00           6d. Other, Specify:         7. 2   \$0,000           7. Food and housekeeping supplies         7. 2   \$0,000           8. Childcare and children's education costs         8. \$ 0,000           9. Clothing, laundry, and dry cleaning         9. \$ 500,000           10. Personal care products and services         10. \$ \$ 0,000           11. Medical and dental expenses         10. \$ 0,000           12. Transportation, Include gas, maintenance, bus or train fare.         10. \$ 0,000           13. Entertainment, clubs, recreation, newspapers, magazines, and books         10. \$ 0,000           14. Charitable contributions and religious donations         10. \$ 0,000           15. Insurance         15a. Life insurance deducted from your pay or included in lines 4 or 20.           16. Life insurance         15b. Health insurance         15b. \$ 0,000           15c. Vehicle insurance. Specify: 0         15c. Vehicle insurance. Specify: 0         15c. \$ 0,000           16c. Traces. Do not include taxes deducted from your pay or included in lines 4 or 20.         15c. Vehicle insurance. Specify: 0         15c. \$ 0,000           17c. Clar payments for Vehicle 2         17c. Clar payments for Vehicle 2         17c. O,000         0,000           17   |     | 6a. Electricity, heat, natural gas   | £ a  | ¢        | 685.00                                  |
| 6c.   Telephone, cell phone, Internet, satellite, and cable services   6c.   \$ 425,00   6d. Other. Specify:   |     | 6b. Water, sewer, garbage collection   |      | φ        |   |
| Food and housekeeping supplies   |     | 6c. Telephone, cell phone, Internet, satellite, and cable services   |      |          |   |
| 7. Food and housekeeping supplies         7. \$ \$ 0.000           8. Childcare and children's education costs         8. \$ 0.000           9. Clothing, laundry, and dry cleaning         8. \$ 500.00           10. Personal care products and services         10. \$ 5.000           11. Medical and dental expenses         11. \$ 0.000           12. Transportation, include gas, maintenance, bus or train fare. Do not include car payments.         12. \$ 100.00           13. Entertainment, clubs, recreation, newspapers, megazines, and books         13. \$ 0.00           15. Insurance.         15. \$ 0.00           15. Insurance         15. \$ 0.00           15. Life insurance deducted from your pay or included in lines 4 or 20.         15. Health insurance         15. \$ 0.00           15. Health insurance. Specify 0         15. \$ 0.00         15. Other insurance. Specify 0         16. \$ 0.00           16. Vehicle insurance         15. \$ 0.00         15. Other insurance. Specify 0         16. \$ 0.00           16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$ 0.00         16. \$ 0.00           17. Installment or lease payments.         17. \$ 0.00           17. Car payments for Vehicle 1         17. \$ 0.00           17. Car payments for Vehicle 2         17. \$ 0.00           17. Other. Specify   |     | 6d. Other. Specify:  |      | \$       |   |
| 8. Childcare and children's education costs         8. \$ 0.00           9. Clothing, laundry, and dry cleaning         9. \$ 500.00           10. Personal care products and services         10. \$ \$ 150.00           11. Medical and dental expenses         11. \$ 0.00           12. Transportation, include gas, maintenance, bus or train fare. Do not include car payments.         12. \$ 100.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. \$ 0.00           14. Charitable contributions and religious donations         14. \$ 250.00           15. Insurance         158. Life insurance deducted from your pay or included in lines 4 or 20.         158. Life insurance         158. \$ 3.30.00           15. Health insurance         156. \$ 109.00         156. \$ 109.00           15. Vehicle insurance. Specify: 0         156. \$ 0.00         156. \$ 0.00           15. Vehicle insurance. Specify: 0         16. \$ 0.00         156. \$ 0.00           17. Installment or lease payments:         178. \$ 200.00         20.00           17. Car payments for Vehicle 1         178. \$ 200.00         20.00           17. Cother: Specify:  | 7   |  |      | \$       |   |
| 10   Clothing, laundry, and dry cleaning   9.   \$   \$   \$   \$   \$   \$   \$   \$   \$   | 8   | Childcare and children's education costs   |      | Ψ        | · · · · · · · · · · · · · · · · · · ·   |
| 10   Personal care products and services   10   10   10   10   10   10   10   1  | 9   |  |      | Φ        |   |
| 11   | 10  |  |      |          |   |
| 12   | 11  |  |      | §        | *************************************** |
| 20   | 12. | Transportation. Include gas, maintenance, bus or train fare.   |      | <u> </u> |   |
| 14. Charitable contributions and religious donations         14. \$ 250.00           15. Insurance.         Do not include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance         15a. \$ 33.00           15b. Health insurance         15b. Health insurance         15b. \$ 0.00           15c. Vehicle insurance         15c. \$ 109.00           15d. Other insurance. Specify: 0         15d. \$ 0.00           16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         16b. \$ 0.00           17. Installment or lease payments:         17a. \$ 200.00           17b. Car payments for Vehicle 1         17a. \$ 200.00           17c. Other. Specify:         17c. \$ 0.00           17d. Other. Specify:         17d. \$ 0.00           18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l).         18. \$ 0.00           19. Other payments you make to support others who do not live with you.         Specify:         19. \$ 0.00           20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.         20a. \$ 0.00           20b. Real estate taxes         20b. \$ 0.00           20c. Property, homeowner's, or renter's insurance         20c. \$ 0.00           20d. Maintenance, repair, and upkeep expenses         20d. \$ 0.00 </td <td></td> <td></td> <td>12.</td> <td>\$</td> <td>100.00</td>  |     |  | 12.  | \$       | 100.00                                  |
| 15.   Insurance   15a   15a  | 13. | Entertainment, clubs, recreation, newspapers, magazines, and books   | 13.  | \$       | 0.00                                    |
| Do not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance  | 14. | Charitable contributions and religious donations   | 14.  | \$       | 250.00                                  |
| 15a. Life insurance       15a. §       33.00         15b. Health insurance       15b. We insurance       15c. Vehicle insurance       200.00       15c. Vehicle insurance       15c. Vehicle insurance       20c. Vehicle insurance       20   | 15. |  |      |          |   |
| 15b. Health insurance       15b. \$ 0.00         15c. Vehicle insurance       15c. \$ 109.00         15d. Other insurance. Specify: 0       15d. \$ 0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 0       16. \$ 0.00         17. Installment or lease payments:       17a. \$ 200.00         17b. Car payments for Vehicle 1       17a. \$ 200.00         17c. Other. Specify: 17c. Other. Specify: 17c. \$ 0.00         17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Specify: 17d. \$ 0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18. \$ 0.00         19. Other payments you make to support others who do not live with you. Specify: 19. \$ 0.00       19. \$ 0.00         20a. Mortgages on other property       20a. \$ 0.00         20b. Real estate taxes       20b. \$ 0.00         20c. Property, homeowner's, or renter's insurance       20c. \$ 0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$ 0.00  |     |  | 150  | e        | 33.00                                   |
| 15c. Vehicle insurance         15c. S         109.00           15d. Other insurance. Specify: 0         15d. S         0.00           16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 0         16. S         0.00           17. Installment or lease payments:         17a. C ar payments for Vehicle 1         17a. S         200.00           17b. Car payments for Vehicle 2         17b. S         0.00           17c. Other. Specify: 17d. Other symments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).         18. S         0.00           19. Other payments you make to support others who do not live with you. Specify: 19d. Other payments you make to support others who do not live with you. Specify: 19d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.         20a. Mortgages on other property         20a. S         0.00           20b. Real estate taxes         20b. Seal estate taxes         20c. S         0.00           20c. Property, homeowner's, or renter's insurance         20c. S         0.00           20c. Maintenance, repair, and upkeep expenses         20d. S         0.00  |     | 15b. Health insurance  |      | ٩        |   |
| 15d. Other insurance. Specify: 0         15d.         \$         0.00           Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 0         16.         \$         0.00           Specify: 0         16.         \$         0.00           17a. Car payments for Vehicle 1         17a.         \$         200.00           17b. Car payments for Vehicle 2         17b.         \$         0.00           17c. Other. Specify:  |     | 15c. Vehicle insurance   |      | ¢        |   |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         Specify: 0       16.       \$       0.00         17a. Car payments for Vehicle 1       17a.       \$       200.00         17b. Car payments for Vehicle 2       17b.       \$       0.00         17c. Other. Specify:   |     | 15d. Other insurance. Specify: 0   |      | \$       |   |
| 17a. Car payments for Vehicle 1       17a. \$ 200.00         17b. Car payments for Vehicle 2       17b. \$ 0.00         17c. Other. Specify:       17c. \$ 0.00         17d. Other. Specify:       17d. \$ 0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18. \$ 0.00         19. Other payments you make to support others who do not live with you.       Specify: 19. \$ 0.00         20a. Mortgages on other property       20a. \$ 0.00         20b. Real estate taxes       20b. \$ 0.00         20c. Property, homeowner's, or renter's insurance       20c. \$ 0.00         20d. Maintenance, repair, and upkeep expenses       20d. \$ 0.00   | 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   | 16.  | \$       | 0.00                                    |
| 17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:   | 17. | Installment or lease payments:   |      |          |   |
| 17c. Other. Specify:   |     | 17a. Car payments for Vehicle 1  | 17a. | \$       | 200.00                                  |
| 17d. Other. Specify:   |     | 17b. Car payments for Vehicle 2  | 17b. | \$       | 0.00                                    |
| 17d. Other. Specify:   |     | 17c. Other. Specify:   | 17c. | \$       | 0.00                                    |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  19. \$  0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. \$  0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. \$  0.00  20d. Maintenance, repair, and upkeep expenses   |     | 17d. Other. Specify:   | 17d. | \$       | 0.00                                    |
| Specify:   | 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18.  | \$       | 0.00                                    |
| Specify:   | 19, | Other payments you make to support others who do not live with you.  |      |          |   |
| 20a. Mortgages on other property 20a. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Variables of this form or on Schedule I: Your Income. 20a. \$ 0.00 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00   |     | Specify:   | 19.  | \$       | 0.00                                    |
| 20a. Mortgages on other property  20a. \$ 0.00  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses  | 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom  | ie.  |          | *************************************** |
| 20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses  20d. \$ 0.00   |     |  |      | \$       | 0.00                                    |
| 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00   |     | 20b. Real estate taxes   |      |          |   |
| 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00   |     | 20c. Property, homeowner's, or renter's insurance  |      | _        | 0.00                                    |
| On Hamman and Art Art  |     | 20d. Maintenance, repair, and upkeep expenses  |      | \$       |   |
|  |     | 20e. Homeowner's association or condominium dues   | 20e. | \$       |   |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 40 of 53

| 21. Other. Specify:   | ·····    |
|---|----------|
| 22a. Add lines 4 through 21.  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  22a. \$          | 10       |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  22a. \$ 3,598.6                                |          |
| 22c. Add line 22a and 22b. The result is your monthly expenses.   | 0        |
| 5,050.  | -        |
| 23. Calculate your monthly net income.  | <u>o</u> |
|   |          |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.   | 6        |
| 23b. Copy your monthly expenses from line 22c above.  | 0        |
| 23c. Subtract your monthly expenses from your monthly income.   | _        |
| The result is your monthly net income. \$ 23c. \$   | 5        |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form?  |          |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |          |
| Ø No.   |          |
| Yes. Explain here:  |          |
|   | !        |
|   |          |

### Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 41 of 53

| V. 1. 1. V. 4. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |                        |  |                        |  |  |
|---|------------------------|--|------------------------|--|--|
| ill in this in  | formation to iden      | tify your case:  |                        |  |  |
| Debtor 1  | Shavon                 |  | Gibson                 |  |  |
| ebtor 2   | First Name             | Middle Name  | Last Name              | MANUAL MA |  |
| eptor 2<br>Spouse, if filing)                               | First Name             | Middle Name  | Last Name              | <del></del>  |  |
| nited States 8  | Bankruptcy Court for t | the: Distric   | t of                   |  |  |
| ase number  |                        |  | PM-MARA-MANA-MANA-     |  |  |
| If known)   |                        |  |                        | 1  | ☐ Check if this is   |
| - ·   |                        | THE TAXABLE TO THE TA |                        |  | amended filing   |
|   |                        |  |                        |  |  |
| Official  | l Form 106             | <u>Dec</u>   |                        |  |  |
| Decla   | aration                | About an   | Individual             | Debtor's Schedules   | 12/15  |
|   |                        |  |                        |  |  |
| f two marri   | ied people are fili    | ng together, both are e  | equally responsible fo | r supplying correct information.   |  |
| ₩ No  |                        | ay someone who is No   | OT an attorney to help | you fill out bankruptcy forms?   | :  |
| ☐ Yes.  | Name of person         |  |                        | Attach Bankruptcy Petition Preparer's Notice, De   | claration, and   |
|   |                        |  |                        | Signature (Official Form 119).   |  |
|   |                        |  |                        |  |  |
| Under po  | enalty of perjury,     |  |                        |  | :  |
| that they   | y∕are true and con     | i declare that I have re<br>rect.  | ad the summary and     | schedules filed with this declaration and  | :  |
| that they   | vaire true and con     | rect.  | ad the summary and     | schedules filed with this declaration and  | a management   |
| that they   | are true and con       | rect.  | ad the summary and     | schedules filed with this declaration and  | The state of the s |
| that they   | hauan                  | rect.  | /<br><b>x</b>          |  | The second secon |
| that they   | Manage of Debtor 1     | rect.  | Signature of De        |  |  |
| that they   | hauan                  | rect.  | /<br><b>x</b>          |  |  |

Date MM / DD / YYYY

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 42 of 53

| ebtor 1                           |                                   |                                |  |   |   |
|-----------------------------------|-----------------------------------|--------------------------------|--|---|---|
|                                   | Shavon<br>First Name              | Middle Name                    | Gibson<br>Last Name  |   |   |
| ebtor 2<br>couse, if filing)      | Eiret Mama                        | Middle Name                    | l aut Manua  | **************************************  |   |
|                                   | Bankruptcy Court for the:         |                                | Last Name  |   |   |
|                                   |                                   |                                |  |   |   |
| se number<br>known)               |                                   |                                | ***************************************  |   | ☐ Check if this is a  |
|                                   |                                   |                                |  |   | amended filing  |
|                                   |                                   |                                |  |   |   |
| ficial F                          | Form 107                          |                                |  |   |   |
| atem                              | ent of Finan                      | icial Affair                   | s for Ind  | ividuals Filing for E   | 3ankruptcv 04   |
| What is yo<br>☐ Marrie<br>☑ Not m | arried<br>e last 3 years, have yo | atus?                          |  |   |   |
| Debi                              | tor 1:                            | lived in the last 3 ye         | Dates Debtor   | ide where you live now.  1 Debtor 2:  | Dates Debtor 2  |
| Debi                              | vans kasasia sisasta assa.        | lived in the last 3 ye         | ERINTHANGUM THE VIEW COME OF   | Oda 1996 singgentar program and angles construction in the                      | Dates Debtor 2<br>lived there<br>Same as Debto  |
| Debi                              | tor:1:                            | lived in the last 3 ye         | Dates Debtor   | 1 Debtor 2:   | lived there   |
| Debi                              | tor:1:                            | lived in the last 3 ye         | Dates Debtor<br>lived there  | 1 Debtor 2:   | lived there   |
| Debi                              | tor:1:                            | lived in the last 3 ye         | Dates Debtor<br>lived there  | 1 Debtor 2:   | lived there  Same as Debto  From  |
| Debi                              | tor1:                             |                                | Dates Debtor<br>lived there  | 1 Debtor 2:  Same as Debtor 1  Number Street                                    | Same as Debto From To   |
| Debi                              | tor1:                             | lived in the last 3 ye         | Dates Debtor<br>lived there  | 1 Debtor 2:  Same as Debtor 1  Number Street  City Sta                          | From To   |
| Debi                              | tor1:                             |                                | Dates Debtor<br>lived there  | 1 Debtor 2:  Same as Debtor 1  Number Street                                    | From To   |
| Debi                              | tor.1:                            |                                | Dates Debtor<br>lived there  | 1 Debtor 2:  Same as Debtor 1  Number Street  City Sta                          | From To   |
| Num<br>City                       | tor.1:                            |                                | Dates Debtor lived there  From To  | 1 Debtor 2:  Same as Debtor 1  Number Street  City Sta                          | From To Same as Debto   |
| Num<br>City                       | tor.1:                            |                                | Pates Debtor lived there  From To From   | 1 Debtor 2:  Same as Debtor 1  Number Street  City Sta                          | From Same as Debto  From To  ate ZIP Code Same as Debto  From   |
| Num<br>City                       | for 1:                            |                                | Pates Debtor lived there  From To From   | 1 Debtor 2:  Same as Debtor 1  Number Street  City Sta                          | From Same as Debto  ate ZIP Code  Same as Debto  From To  To  |
| Num City  City                    | tor.1:                            | State ZIP Code                 | Pates Debtor lived there  From To To   | 1 Debtor 2:  Same as Debtor 1  Number Street  City Sta  Number Street  City Sta | From Same as Debto Same as Debto To Same as Debto To |
| Num City  Num City                | ber Street                        | State ZIP Code  State ZIP Code | Prom To To To Duse or legal equipment of the state of the | 1 Debtor 2:  Same as Debtor 1  Number Street  City Sta  Number Street  City Sta | From To Same as Debto From To  |
| Num City  Within the              | ber Street                        | State ZIP Code  State ZIP Code | Prom To To To Duse or legal equipment of the state of the | 1 Debtor 2:  Same as Debtor 1  Number Street  City Sta  Number Street  City Sta | From To Same as Debto From To   |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 43 of 53

| From January 1 of current year until the date you filed for bankruptcy:    Wages, commissions, bonuses, tips   Operating a business   Operating a business   | ebtor |   | Gibson<br>Name   | Case nu                               | mber (if known)                      |                                       |
|--|-------|---|--|---------------------------------------|--------------------------------------|---------------------------------------|
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.    You was filling a joint case and you have income that you receive together, list it only once under Debtor 1.    Debtor 2  |       |   |  |                                       |                                      |                                       |
| Yes. Fill in the details.   Debtor 1   Sources of faccome   Gross income   Gross income   Check all that apply.   Cheford deductions and exclusions)   Check all that apply.   Cheford deductions and exclusions)   Check all that apply.   Cheford deductions and exclusions)   Check all that apply.   Cheford deductions and exclusions and exclusions   Check all that apply.   Cheford deductions and exclusions   Cheford deductions   Cheford deductions and exclusions   Cheford deductions   Cheford de   | F     | ill in the total amount of income you receive | d from all jobs and all bus  | inesses, including part-ti            | me activities.                       | ndar years?                           |
| Sources of income Check all that apply.  From January 1 of current year until the date you filed for bankruptcy:    Wages, commissions, bonuses, tips   Wages, commissions, bonuses, tips   Operating a business   | _     | •   |  |                                       |                                      |                                       |
| Check all that apply (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips Operating a business  For last calendar year: (January 1 to December 31, WYY)  Wages, commissions, bonuses, tips Operating a business  For the calendar year before that: (January 1 to December 31, WYY)  Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony, child support. Social Security, unemployment, and other public benefit payments, pensions; tental income; interest, dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4.  John No Yes. Fill in the details.  Distort 1  Sources of income Describe below.  Describe below.  Sources of income Concessions and exclusions)  Sources of income Concessions and exclusions and exclusions and exclusions and exclusions.  For last calendar year:  (January 1 to December 31, WYY)  S S S S  For the calendar year before that:  S S S S S S S S S S S S S S S S S S S   |       |   | Debtor 1   |                                       | Debtor 2                             |                                       |
| The date you filed for bankruptcy:    Coprating a business   Coprati |       |   | and the property of the proper | (before deductions and                | 4 ** ***                             | (before deductions and                |
| Wages, commissions, bonuses, tips   Wages, commissions, bonuses, tips   Operating a business   Wages, commissions, bonuses, tips   Operating a business   Operat |       |   |  | \$                                    | bonuses, tips                        | \$                                    |
| Cyanuary 1 to December 31,   Cyanuary 2 to December 31,   Cyanuary 3 to December 31,   Cyanuary 4 to December 31,   Cyanuary 3 to December 31,   Cyanuary 4 to December 31,   Cyanuary 5 to December 31,   Cyanuary 4 to December 31,   Cyanuary 4 to December 31,   Cyanuary 5 to December 31,   Cyanuary 6 to December 31,   Cyanuary 8 to    |       |   | Operating a business   |                                       | Operating a business                 |                                       |
| For the calendar year before that:    Wages, commissions, bonuses, tips   Wages, commissions, bonuses, tips   Operating a business   Oper |       | For last calendar year:                       | • .  | \$                                    |                                      | \$                                    |
| Comparison of the Calendar year before that:   Comparison of the Calendar year before that:   Comparison of the Calendar year bonuses, tips   Dobtor of the Calendar year bonuses, tips   Dobtor from the Calendar year of the two previous calendar years of the two previous ca   |       |   | Operating a business   |                                       | Operating a business                 | -                                     |
| Operating a business   |       | For the calendar year before that:            |  |                                       | •                                    |                                       |
| Include income regardless of whether that income is taxable. Examples of <i>other income</i> are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4.  No  Yes. Fill in the details.    Debtor 1   |       |   | F-1  | \$                                    |                                      | \$                                    |
| Debtor 1  Sources of income Describe below.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31, YYYYY)  For the calendar year before that:  Sources of income Describe below.  Source Source Source (Defore deductions and exclusions)  Source Source Source (Defore deductions and exclusions)  Source Sou | Lis   | st each source and the gross income from e    |  | •                                     | ,                                    | under Debtor 1.                       |
| Pescribe below (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31,  | -     | ites. Fill life details.                      | Debtor 1   |                                       | Debtor 2                             |                                       |
| the date you filed for bankruptcy:  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   |       |   | and the state of the second control of the s | each source<br>(before deductions and | Tara comment of a second of the con- | each source<br>(before deductions and |
| For last calendar year:  (January 1 to December 31,  |       |   |  | \$<br>\$                              |                                      | \$<br>\$                              |
| (January 1 to December 31,   |       |   |  | \$                                    | -                                    | \$                                    |
| (January 1 to December 31,   |       | For last calendar vear:                       |  | \$                                    |                                      | \$                                    |
| For the calendar year before that:  \$\$  \$\$   |       | (January 1 to December 31,)                   |  | _                                     |                                      | \$                                    |
|  |       |   |  | \$                                    |                                      |                                       |
|  |       | For the calendar year before that:            |  | \$                                    |                                      | \$                                    |
| WWW.   |       | (January 1 to December 31,)                   |  | \$                                    |                                      | \$                                    |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 44 of 53

| Debtor 1  | Shavon   | Gibson  | Case                        | number (if known)             |   |
|-----------|--|---|-----------------------------|-------------------------------|---|
|           | First Name Middle Name                                   | Last Name   | •                           | ,                             |   |
|           | •  |   |                             |                               |   |
| Part 3:   | List Certain Payments You                                | Made Before You File                                      | ed for Bankruptcy           |                               |   |
|           |  |   |                             |                               |   |
| 6. Are ei | ther Debtor 1's or Debtor 2's debt                       | s primarily consumer de                                   | ebts?                       |                               |   |
|           | o. Neither Debtor 1 nor Debtor 2 h                       | -   |                             | are defined in 11 U.S.C. & 10 | 1/8) as                                       |
|           | "incurred by an individual primaril                      | y for a personal, family, or                              | r household purpose."       | are domised in 11 0.0.0. 3 10 | 1(0) 40                                       |
|           | During the 90 days before you file                       | ed for bankruptcy, did you                                | pay any creditor a total of | of \$6,425* or more?          |   |
|           | ☐ No. Go to line 7.                                      |   |                             |                               |   |
|           | Yes. List below each creditor                            |   |                             |                               |   |
|           |  | at creditor. Do not include<br>y. Also, do not include pa |                             | support obligations, such as  |   |
|           | * Subject to adjustment on 4/01/1                        | •   | •                           | • •                           |   |
| □ ve      | s. Debtor 1 or Debtor 2 or both ha                       | ve nrimarily consumer a                                   | iahte                       |                               |   |
|           | During the 90 days before you file                       |   |                             | f \$600 or more?              | •   |
|           | ☑ No. Go to line 7.                                      |   | ,-,,                        |                               |   |
|           |  |   |                             |                               |   |
|           | Yes. List below each creditor creditor. Do not include r | to whom you paid a total op<br>payments for domestic sup  |                             |                               |   |
|           |  | lude payments to an attor                                 |                             |                               |   |
|           |  |   | <b>.</b>                    |                               |   |
|           |  | Dates of<br>payment                                       | Total amount paid           | Amount you still owe          | Was this payment for                          |
|           |  |   |                             | _                             |   |
|           | Creditor's Name  | **************************************                    | \$                          | <u> </u>                      | Mortgage                                      |
|           |  |   |                             |                               | Car   |
|           | Number Street  |   | _                           |                               | Credit card                                   |
|           |  | **************************************                    | ••                          |                               | Loan repayment                                |
|           |  |   |                             |                               | Suppliers or vendors                          |
|           | City State   | ZIP Code  |                             |                               | Other   |
|           |  |   |                             |                               |   |
|           | Creditor's Name  |   | _ \$                        | \$                            | ☐ Mortgage                                    |
|           | Crausor & Marie  |   |                             |                               | Car   |
|           | Number Street  |   | •                           |                               | Credit card                                   |
|           |  |   |                             |                               | Loan repayment                                |
|           |  |   |                             |                               |   |
|           |  |   | -                           |                               | Suppliers or vendors                          |
|           | City State   | ZIP Code  | -                           |                               | Suppliers or vendors Other                    |
|           | City State   | ZIP Code  | -<br>                       |                               |   |
|           | •  |   | -<br>                       |                               | Other   |
|           | •  |   | \$                          | \$\$                          | Other   |
|           |  |   | \$                          |                               | Other   |
|           |  |   | <b>\$</b>                   | \$                            | Other   |
|           | Creditor's Name  |   | -<br>\$                     | \$                            | Other Mortgage Car Credit card Loan repayment |
|           | Creditor's Name  |   | -<br>\$                     | <b>.</b>                      | Other Mortgage Car Credit card                |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 45 of 53

| or 1                          | Shavon                                  |   | Gibson  |  | Case number (if known                        | 3)  |
|-------------------------------|---|---|---|--|--|---|
|                               | First Name Middle Nar                   | me Last Name  |   | •  | <b>,</b>                                     | **************************************  |
| n <i>side</i><br>orpo<br>geni | orations of which you are               | ; any general partners; ri<br>an officer, director, persi<br>iness you operate as a s | elatives of any on in control, or   | general partners; p<br>owner of 20% or r | artnerships of which<br>more of their voting | who was an insider? ch you are a general partner; g securities; and any managing or domestic support obligations, |
| í N                           |   | nony.   |   |  |  |   |
|                               | es. List all payments to a              | ın insider.   |   |  |  |   |
|                               |   |   | Dates of payment  | Total amount paid                        | Amount you still owe                         | Reason for this payment   |
|                               | Insider's Name                          |   |   | \$                                       | \$   | :   |
|                               |   |   |   |  |  |   |
| i                             | Number Street                           |   |   |  |  |   |
|                               |   |   |   |  |  |   |
|                               | City                                    | State ZIP Code  |   |  |  |   |
| •                             |   | Citato Zir Code   |   |  |  | :<br>:  |
| ī                             | Insider's Name                          |   |   | \$                                       | \$   | :   |
|                               |   |   |   |  |  |   |
|                               | Number Street                           |   |   |  |  |   |
| -                             |   |   |   |  |  |   |
| (                             | City                                    | State ZIP Code  |   |  |  | :   |
| n ins<br>Iclud                | sider?<br>le payments on debts gu       | aranteed or cosigned by   |   | r, arsanskrivi vinta                     |  | n account of a debt that benefited  |
|                               |   |   | payment   | Total amount paid                        | Amount you still owe                         | Reason for this payment<br>Include creditor's name  |
| -                             |   |   |   | \$                                       | \$   |   |
| i                             | nsider's Name                           |   |   |  |  |   |
| N                             | lumber Street                           |   |   |  |  |   |
| _                             |   |   |   |  |  |   |
| -                             |   |   |   |  |  |   |
| C                             | Dity .                                  | State ZIP Code  |   |  |  | S   |
|                               |   |   |   | \$                                       | \$   |   |
| lr                            | nsider's Name                           |   |   |  |  |   |
| N                             | lumber Street                           |   |   |  | 3<br>:<br>:                                  |   |
|                               |   |   |   |  |  |   |
| _                             | 1-11-11-11-11-11-11-11-11-11-11-11-11-1 |   | and the forest control of the first control of the |  |  |   |
| ō                             | ity                                     | State ZIP Code  |   |  |  |   |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 46 of 53

| 1       | Shavon                           | Gibson                              | Case number (if known)   |   |
|---------|----------------------------------|-------------------------------------|--|---|
|         | First Name Middle Name           | Last Name                           | Case Humber (# xnown)  | 711111111111111111111111111111111111111   |
|         |                                  |                                     |  |   |
|         | Identification of Authority Bu   |                                     |  |   |
|         |                                  | possessions, and Foreclosus         |  |   |
| ithin 1 | 1 year before you filed for bar  | kruptcy, were you a party in any    | lawsuit, court action, or administrative   | proceeding?   |
| t all s | such matters, including personal | injury cases, small claims actions, | divorces, collection suits, paternity actions  | , support or custody modificat  |
|         | tract disputes.                  |                                     |  |   |
| No      |                                  |                                     |  |   |
| Yes.    | Fill in the details.             |                                     |  |   |
|         |                                  | Nature of the case                  | Court or agency  | Status of the case  |
|         |                                  |                                     |  |   |
| Cas     | se title                         |                                     | Court Name   | Pending   |
|         |                                  |                                     | Court Marrie   | On appeal   |
|         |                                  |                                     | Number Street  | Concluded   |
|         |                                  | :                                   | indumei Oriest   | Concluded   |
| Cas     | e number                         | <del></del>                         |  |   |
|         |                                  |                                     | City State ZIP Code  |   |
|         |                                  |                                     |  |   |
| Cas     | e title                          | <u>.</u>                            | Court Name   | Pending   |
|         |                                  | •                                   | To a second seco | On appeal   |
|         |                                  |                                     | Number Street  | Concluded   |
| Coo     | e number                         |                                     |  |   |
| Casi    | e number                         | <u> </u>                            | City State ZIP Code  | <del></del>   |
|         | Fill in the information below.   | _ Approversion                      |  | ing the second  |
|         |                                  | Describe the proper                 | rty Date   | Value of the property   |
|         |                                  |                                     |  |   |
|         | Creditor's Name                  |                                     |  | <u> </u>  |
|         |                                  |                                     | man de   |   |
|         | Number Street                    | Explain what happe                  | ned  |   |
|         |                                  |                                     | en mante nove i menoram et sette 114 est 1550 et el menoram en   |   |
|         |                                  | Property was                        | •  |   |
|         |                                  | Property was t                      |  |   |
|         |                                  | Property was q                      |  |   |
|         | City State                       | ZIP Code                            | attached, seized, or levied.   | ang sasa kasa namana inaman nang gamankananga ganga anaka a a a a a a a a   |
|         |                                  | Describe the proper                 | ty Date  | Value of the property   |
|         |                                  |                                     |  | and the trade of the first and the first of |
|         |                                  |                                     | **   | ¢   |
| Č       | Creditor's Name                  |                                     |  | <u> </u>  |
|         |                                  | !<br>:                              | Marie Const  |   |
| ī       | Number Street                    | -                                   |  |   |
|         |                                  | Explain what happer                 | ned  |   |
| _       |                                  | Property was r                      | repossessed.   |   |
|         |                                  | Property was f                      |  |   |
| **      | 21.                              | Property was o                      |  |   |
| (       | City State :                     | -1. 0040                            | attached epizod or louised   |   |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 47 of 53

| <sub>r 1</sub> Shavon                                      |   | Gibson  | Case number (if known)   |
|--|---|---|--|
| First Name Midd  | die Name Last N                             | ame   |  |
|  |   |   |  |
| Vithin 90 days hafore y                                    | ou filad for hankrun                        | tou did any araditar includin                                 | ng a bank or financial institution, set off any amounts from your  |
| ccounts or refuse to m                                     | ake a payment beca                          | iuse you owed a debt?   | g a bank or manicial institution, set on any amounts from your   |
| Í No   |   | ·   |  |
| Yes. Fill in the details.                                  |   |   |  |
|  |   |   |  |
|  |   | Describe the action the creditor                              | r took Date action Amount was taken  |
| Creditor's Name  |   |   |  |
|  |   |   |  |
| Number Street  |   |   | <u> </u>   |
|  |   |   |  |
| M  |   |   |  |
| City   | State ZIP Code                              | Last 4 digits of account number                               | as VVV   |
| ,  | 2111 0000                                   | Last 4 digits of account number                               | er. ^^^  |
| lithin 1 waar hafara way                                   | filad fav baskumts                          |   |  |
| reditors, a court-appoin                                   | neu for bankruptc:<br>ited receiver, a cust | y, was any or your property in<br>odian, or another official? | n the possession of an assignee for the benefit of   |
| ŽÍ No  | ,   |   |  |
| ] Yes  |   |   |  |
| - 100  |   |   |  |
| 5: List Certain Gif  | fts and Contributi                          |   |  |
| ✓ No  Yes. Fill in the details f  Gifts with a total value |   | Describe the gifts  |  |
| per person   |   | bestine the gifts   | Dates you gave Value the gifts   |
|  |   |   | \$   |
| Person to Whom You Gave the                                | e Gift                                      |   |  |
|  | :   |   | \$   |
|  |   |   | · · · · · · · · · · · · · · · · · · ·  |
| Number Street  |   |   |  |
|  | !   |   |  |
| City   | State ZIP Code                              |   |  |
| Person's relationship to yo                                | a i i i i i i i i i i i i i i i i i i i     |   |  |
| reison's relationship to yo                                | ·   | ek ekkan alkama anan gara gara gara gara gara gara gar        | 200 Sales California (1900 Sales California ( |
| Gifts with a total value of                                |   |   |  |
| per person   | More than \$000                             | Describe the gifts  | Dates you gave Value the gifts   |
|  |   |   |  |
|  | -   |   | \$<br>:  |
| Person to Whom You Gave the                                | ∌ Gift                                      |   |  |
|  |   |   | ¢  |
|  | -   |   |  |
|  |   |   |  |
| Number Street  |   |   |  |
|  |   |   |  |
| City   | State ZIP Code                              |   |  |
| Domania salatias 11 1                                      |   |   | ;<br>;   |
| Person's relationship to you                               | J   |   |  |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 48 of 53

| <sub>or 1</sub> Shav                    |                                   |                           | Gibson   | Case number (if known)  |
|---|-----------------------------------|---------------------------|--|---|
| First Nar                               | me Middle Nan                     | me Last Name              |  |   |
|   |                                   |                           |  |   |
|   | s before you file                 | ed for bankruptcy, o      | lid you give any gifts or o  | contributions with a total value of more than \$600 to any charit |
| <b>2</b> No                             |                                   |                           |  |   |
| Yes. Fill in                            | the details for e                 | each gift or contribution | ın.  |   |
|   | ontributions to ch                | narities Des              | cribe what you contributed   | Date you Value  |
| that total n                            | nore than \$600                   |                           |  | contributed   |
|   |                                   |                           |  |   |
| Charity's Name                          | e                                 |                           |  | \$  |
| ,                                       |                                   | :                         |  |   |
| *****                                   |                                   |                           |  | <b>\$</b>   |
|   |                                   |                           |  |   |
| Number Stre                             | eet                               |                           |  |   |
|   |                                   |                           |  | * *************************************                           |
| City S                                  | tate ZIP Code                     | e                         |  |   |
|   |                                   | · · · · ·                 |  |   |
|   |                                   |                           |  |   |
| 6: List (                               | Certain Losse                     | es                        |  |   |
| Yes, Fill in t                          | he details.<br>se property you to |                           |  |   |
|   | s occurred                        | 아마 얼마나지만하다 무슨 나라도 흔들어갔다   | cribe any insurance coverag  | pe for the loss Date of your Value of propert loss lost           |
|   |                                   | clain                     | ns on line 33 of Schedule A/B  | Property.   |
|   |                                   |                           |  |   |
|   |                                   | :                         |  | · \$  |
| L                                       |                                   | <u> </u>                  | Tributation decision and the following the second s |   |
| 7: List Ce                              | ertain Payme                      | nts or Transfers          |  |   |
|   |                                   |                           |  |   |
| ntnin 1 year b<br>ou consulted          | etore you tiled<br>about seeking  | for bankruptcy, did       | l you or anyone else actin<br>aring a bankruptcy petitic   | ng on your behalf pay or transfer any property to anyone          |
| clude any atto                          | rneys, bankrupt                   | cy petition preparers     | , or credit counseling agen  | cies for services required in your bankruptcy.                    |
| No                                      |                                   |                           |  | • • • • •   |
| Yes. Fill in th                         | ne details.                       |                           |  |   |
|   |                                   | Daec                      | ription and value of any pro   | <u>NATORIANI PARA NEW AMIETANI PAREMIA</u>                        |
|   |                                   |                           | ription and value of any proj  | perty transferred Date payment or Amount of payme<br>transfer was |
| Person Who W                            | Vas Paid                          | _8.75256                  |  | made  |
| Number Stre                             | eet                               | :                         |  |   |
|   | ~~                                |                           |  | <u> </u>  |
| *************************************** | ****                              |                           |  |   |
|   |                                   | ····                      |  | \$  |
| City                                    | State                             | ZIP Code                  |  | #<br>   |
| Email or websit                         | a artificace                      |                           |  |   |
| Eman or weosii                          | .c auu e55                        | **                        |  | <u> </u>  |
| Person Who Mr                           | ade the Payment, if N             | Not You                   |  |   |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 49 of 53

|  | Shavon   | Gibson   | Case number (if known)                                |  |  |
|--|--|--|---|--|--|
|  | First Name Middle Name La  | st Name  | oddd ffdfillol (ff.diolai)                            | ·····  | <del></del>  |
| ***  | approved the superior of the first of the property of the superior of the supe |  | en e              | and and several sequences is primaries of the several several sections of the several sections of the several sections and the several sections of the section sections of the several sections of the section section sections of the section section section section section | anning and the second of the s |
|  |  | Description and value of any property  | transferred   | Date payment or  | Amount of  |
|  |  |  |   | transfer was made  | payment  |
|  | Person Who Was Paid  | _ :<br>,   |   |  |  |
|  |  | \$<br>   |   | ***************************************  | \$   |
|  | Number Street  | <del></del>  | İ   |  |  |
|  |  |  |   |  | \$   |
|  |  | - 1  | :   |  |  |
|  | City State ZIP Code  | -  |   |  |  |
|  |  |  | ĺ   |  |  |
|  | Email or website address   |  |   |  |  |
|  | THIRD OF MEDSIG GOODS  | ¥  |   |  |  |
|  | Person Who Made the Payment, if Not You  |  |   |  |  |
|  |  | the second of th | and the second second                                 |  |  |
| Ø N<br>□ Y   | lo<br>(es. Fill in the details.  |  |   |  |  |
|  |  | Description and value of any property (  |   |  |  |
|  |  | Description and value of any property  | ransterred  | Date payment or / transfer was   | Amount of paym   |
|  | Person Who Was Paid  |  |   | made   |  |
|  |  | :  |   |  |  |
|  | Number Street  | <b>~</b> !   |   |  | \$   |
|  |  |  |   |  |  |
|  |  |  | -   |  |  |
|  |  |  |   |  | <b></b>  |
| Withi  | City State ZIP Code in 2 years before you filed for bankrup  | otcy, did you sell, trade, or otherwise  | transfer any property to                              | anyone, other than   | property   |
| Withing rans   | in 2 years before you filed for bankrug<br>ferred in the ordinary course of your<br>de both outright transfers and transfers r<br>of include gifts and transfers that you ha   | business or financial affairs?<br>made as security (such as the granting o   |   |  |  |
| Withitrans notud Do no   | in 2 years before you filed for bankrug<br>ferred in the ordinary course of your<br>de both outright transfers and transfers r<br>of include gifts and transfers that you ha   | business or financial affairs? made as security (such as the granting ove already listed on this statement.  | f a security interest or mo                           | rtgage on your prope   | erty).   |
| Withing rans not   | in 2 years before you filed for bankrug<br>ferred in the ordinary course of your<br>de both outright transfers and transfers r<br>of include gifts and transfers that you ha   | business or financial affairs?<br>made as security (such as the granting o   |   | rtgage on your proper  | erty).   |
| Nithi<br>rans<br>nclud<br>Do no<br>Zi No   | in 2 years before you filed for bankrug<br>ferred in the ordinary course of your<br>de both outright transfers and transfers r<br>of include gifts and transfers that you ha   | business or financial affairs?  made as security (such as the granting of the already listed on this statement.  Description and value of property   | f a security interest or mo  Describe any property or | rtgage on your proper  | erty).<br>Date transfer  |
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| Withitrans noted Do no   | in 2 years before you filed for bankrup<br>ferred in the ordinary course of your<br>de both outright transfers and transfers r<br>of include gifts and transfers that you ha<br>o<br>es. Fill in the details.  | business or financial affairs?  made as security (such as the granting of the already listed on this statement.  Description and value of property   | f a security interest or mo  Describe any property or | rtgage on your proper  | erty).<br>Date transfer  |
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| Within trans included to the control of the control | in 2 years before you filed for bankrup ferred in the ordinary course of your de both outright transfers and transfers r of include gifts and transfers that you ha o es. Fill in the details.  Person Who Received Transfer  Street  Person's relationship to you  Person Who Received Transfer   | business or financial affairs?  made as security (such as the granting of the already listed on this statement.  Description and value of property   | f a security interest or mo  Describe any property or | rtgage on your proper  | erty).<br>Date transfer  |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 50 of 53

| perfore you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you in the property transferred and value of the property transferred |  | First Name   |   | Gibson   | Case number (if kno  |  |  |
|--|--|--|---|--|--|--|--|
| details.  Description and value of the property transferred  Date transfer was made  In Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Tre you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, ed, or transferred?  Savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, pension funds, cooperatives, associations, and other financial institutions.  Date account was closed, sold, moved, or transferred  Savings  Money market  Brokerage  State ZIP Code  XXXX-  Checking  State ZIP Code  Other  Institution  XXXX-  Checking  State ZIP Code  SXXX-  Checking  State ZIP Code   |  | riist name   | Middle Name   | Last Name  | Odde Hamber (# Mile  | (Ver)  |  |
| details.  Description and value of the property transferred  Date transfer was made  In Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Tre you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, ed, or transferred?  Savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, pension funds, cooperatives, associations, and other financial institutions.  Date account was closed, sold, moved, or transferred  Savings  Money market  Brokerage  State ZIP Code  XXXX-  Checking  State ZIP Code  Other  Institution  XXXX-  Checking  State ZIP Code  SXXX-  Checking  State ZIP Code   |  |  |   |  |  |  |  |
| details.  Description and value of the property transferred  Date transfer was made  In Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Tre you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, ed, or transferred?  Savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, pension funds, cooperatives, associations, and other financial institutions.  Date account was closed, sold, moved, or transferred  Savings  Money market  Brokerage  State ZIP Code  XXXX-  Checking  State ZIP Code  Other  Institution  XXXX-  Checking  State ZIP Code  SXXX-  Checking  State ZIP Code   |  |  |   |  |  |  |  |
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| Date transfer was made  In Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  re you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, ed, or transferred?  savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, pension funds, cooperatives, associations, and other financial institutions.  details.  Last 4 digits of account number Type of account or instrument Closed, sold, moved, or transferred  Institution XXXX   | are a                                    | beneficiary? (T  | hese are often called   | d asset-protection devices.)   | •  |  | ,  |
| Description and value of the property transferred  Date transfer was made  In Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  re you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, ed, or transferred?  savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, pension funds, cooperatives, associations, and other financial institutions.  details.  Last 4 digits of account number Type of account or instrument  Checking Savings Money market Brokerage Other Other  Institution  XXXX- Checking Size Checking  | <b>☑</b> N                               | In   |   |  |  |  |  |
| Date transfer was made  In Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  re you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, ed, or transferred?  savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, pension funds, cooperatives, associations, and other financial institutions.  details.  Last 4 digits of account number Type of account or instrument Closed, sold, moved, or transferred  Institution XXXX   |  | es. Fill in the det  | raile   |  |  |  |  |
| in Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units re you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, ed, or transferred? savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, pension funds, cooperatives, associations, and other financial institutions.  details.  Last 4 digits of account number Type of account or instrument Institution  XXXX-  Checking Savings Money market Brokerage Other  Checking State ZIP Code  XXXX-  Checking State ZIP Code  SXXXX-  Checking SCHORLING  |  | C3. 1 (6 (6 tile UC)   | ans.  |  |  |  |  |
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| Last 4 digits of account number  Type of account or instrument  Type of account or instrument  Date account was closed, sold, moved, or transferred  Checking  Savings  Money market  Brokerage  Other  Institution  XXXX  | ŹNo                                      | 0  |   |  |  |  |  |
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## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 51 of 53

| Debtor 1 | Shavon First Name Middle Name L   | Gibson_   | Case number (d known)  |                       |
|----------|---|---|--|-----------------------|
|          |   |   | 1  |                       |
| 22. Hav  | e you stored property in a storage un<br>No   | it or place other than your home within   | 1 year before you filed for bankruptcy?  |                       |
|          | Yes. Fill in the details.   | edelelida yandada ya ee waxaa ka caa ka caa a                                     |  |                       |
|          |   | Who else has or had access to it?   | Describe the contents  | Do you still have it? |
|          | None of Charge Facility   | ***************************************   |  | □ No                  |
|          | Name of Storage Facility  | Name  |  | Yes                   |
|          | Number Street   | Number Street   |  |                       |
|          | Martine and the second | City State ZiP Code   |  | 1                     |
|          | City State ZIP Code   |   |  |                       |
| Part 9   | Identify Property You Hold  | or Control for Someone Else   |  |                       |
| 23. Do   | you hold or control any property that   | <del></del>   | erty you borrowed from, are storing for,   |                       |
| OT I     | nold in trust for someone.<br>No  |   |  |                       |
| _        | Yes. Fill in the details.   |   |  |                       |
|          |   | Where is the property?  | Describe the property  | /alue                 |
|          | Owner's Name  |   |  |                       |
|          | Musel   | Number Street   |  | 1                     |
|          | Number Street   |   |  |                       |
|          | City State ZIP Code   | City State ZIP Code   | ,  |                       |
| Part 1   |   | montal lukarmasian  | **************************************   |                       |
|          |   |   |  |                       |
| ■ Env    | purpose of Part 10, the following defi<br>ironmental law means any federal, sta   | te, or local statute or regulation concer   | ming pollution, contamination, releases of   |                       |
| naza     | ardous or toxic substances, wastes, o   | r material into the air, land, soil, surfacing the cleanup of these substances, w | e water, groundwater, or other medium  |                       |
| ■ Site   | means any location, facility, or prope  | rty as defined under any environmental  | law, whether you now own, operate, or  |                       |
| utiii    | ze it or used to own, operate, or utilize   | it, including disposal sites.   |  |                       |
| subs     | <i>ardous material</i> means anything an er<br>stance, hazardous material, pollutant,   | vironmental law defines as a hazardou<br>contaminant, or similar term.            | s waste, hazardous substance, toxic  |                       |
| Report   | all notices, releases, and proceedings  | that you know about, regardless of wh   | en they occurred.  |                       |
| 4. Has a | any governmental unit notified you that   | at you may be liable or potentially liable  | under or in violation of an environmental law  | 2                     |
| ΣÍ Ν     |   | ,   | and the state of t | ·                     |
|          | es. Fill in the details.  |   |  |                       |
|          |   | Governmental unit Env   | ironmental law, if you know it Dat   | e of notice           |
|          |   |   |  |                       |
| Ñ        | ame of site   | Governmental unit   |  | <del></del>           |
| N        | umber Street  | Number Street   |  |                       |
| More     |   | City State ZIP Code   |  |                       |
| 724      |   |   |  |                       |
| ÇI       | ty State ZIP Code   |   |  |                       |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 52 of 53

| otor 1      | Shavon   |   | Gibson   | Case number (if known)   |                 |
|-------------|--|---|--|--|-----------------|
|             | First Name                                       | Middle Name   | Last Name  |  |                 |
|             |  |   |  |  |                 |
|             |  | ny governmental uni   | it of any release of hazardous materia   | 1?   |                 |
|             | No<br>Yes. Fill in the c                         | lata:I-   |  |  |                 |
| _           | res. Fili III lile (                             | ietaiis,  | Governmental unit  | Santana da manana antana antana manana manana manana manana antana antana antana antana antana antana antana a | signer er her h |
|             |  |   |  | Environmental law, if you know it  | Date of notice  |
|             |  | · · · · · · · · · · · · · · · · · · ·                           |  |  |                 |
|             | Name of site                                     |   | Governmental unit  |  |                 |
|             | Number Street                                    |   | Number Street  |  | !               |
|             |  |   |  |  |                 |
|             |  |   | City State ZIP Code  |  |                 |
|             | City   | State ZIP Code  | one and the second seco |  |                 |
| Havo        | VALL book a noi                                  | the in any indicial an  |  |  |                 |
| ZÍ N        | you been a par                                   | ty in any judicial or   | administrative proceeding under any  | environmental law? Include settlements and o   | orders.         |
|             | io<br>'es. Fill in the d                         | etaile  |  |  |                 |
|             |  | otano.  | Court or agency  | in the second second   | Status of the   |
|             |  |   | court or agency  | Nature of the case   | case            |
| C           | ase title  |   |  |  | Pending         |
|             |  |   | Court Name   |  | On appeal       |
|             |  |   | Number Street  | -  | Concluded       |
|             |  |   |  | ÷  | was obliciteded |
| Ç           | ase number                                       |   | City State ZIP Code  | •  |                 |
|             |  |   | usiness or Connections to Any B  |  |                 |
|             | I A sole propri<br>A member of<br>A partner in a | etor or self-employed<br>a limited liability cor<br>partnership | d in a trade, profession, or other actives a many (LLC) or limited liability partner executive of a corporation  | e any of the following connections to any busi<br>ity, either full-time or part-time<br>rship (LLP)            | iness ?         |
|             |  |   |  |  |                 |
|             |  |   | ing or equity securities of a corporation  | on .   |                 |
| XINO<br>TIV | D. None of the a                                 | bove applies. Go to   | Part 12.   |  |                 |
|             | os. Offeck all till                              | ar apply above and n  | ill in the details below for each busine<br>Describe the nature of the business  | 影響 电电影带象 医水杨 化过滤电路 法整定债务 经经验的证据 医电流性 化电流电流流流 化电流电流流流   | a Adelekaran    |
| Ē           | Business Name                                    |   |  | Employer Identification number  Do not include Social Security nu  | imber or ITIN.  |
|             |  |   |  |  |                 |
| Ñ           | lumber Street                                    |   | -  | EIN:   | <del></del>     |
|             |  |   | Name of accountant or bookkeeper   | Dates business existed   | ANAMAS.         |
| -           |  | · · · · · · · · · · · · · · · · · · ·                           | <del>-</del>   | _  |                 |
| č           | ity  | State ZIP Code  |  | From To  | •               |
|             |  |   | Describe the nature of the business  | Employer Identification number   |                 |
| 8           | usiness Name                                     |   |  | Do not include Social Security nu  | mber or ITIN.   |
| _           |  |   |  | EIN: -   |                 |
| N           | umber Street                                     |   | Name of accountant or bookkeeper   |  | ŠOVANA.         |
|             | · · · · · · · · · · · · · · · · · · ·            |   | S. Seconiment of Bookkeeper  | Dates business existed   |                 |
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| Ci          | itv  | State ZIP Code  | -  | From To  |                 |

## Case 17-15614 Doc 1 Filed 05/19/17 Entered 05/19/17 13:04:42 Desc Main Document Page 53 of 53

| Debtor 1                             | Shavon First Name Middle Name Lar  | Gibson   | Case number (if known)  |
|--------------------------------------|--|--|---|
|                                      | First Name Middle Name Lat   | st Name  | -   |
|                                      | the state of the second of the |  | Employer Identification number  |
|                                      |  | Describe the nature of the business  | Do not include Social Security number or ITIN.  |
|                                      | Business Name  |  | EIN:  |
|                                      | Number Street  | - Nome of accountant on boots  |   |
|                                      |  | Name of accountant or bookkeeper   | Dates business existed  |
|                                      |  | <del>-</del>   | _   |
|                                      | City State ZIP Code  | -  | From To   |
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| 28. With                             | nin 2 years before you filed for bankru  | ptcy, did you give a financial statemer  | nt to anyone about your business? Include all financial   |
|                                      | itutions, creditors, or other parties.   |  |   |
|                                      | No<br>Yes. Fill in the details below.  |  |   |
|                                      |  | Date Issued  |   |
|                                      |  | P4(4 13305U  |   |
|                                      | Name   | ·  |   |
|                                      | Name   | MM / DD / YYYY   |   |
|                                      | Number Street  |  |   |
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|                                      |  |  |   |
|                                      | City State ZIP Code  |  |   |
|                                      |  |  |   |
|                                      | _  |  |   |
| Part 12                              | Sign Below   |  |   |
| 4.1                                  | * *  |  |   |
| ans                                  | wers are true and correct. I understan   | d that making a false statement, conc  | ents, and I declare under penalty of perjury that the ealing property, or obtaining money or property by fraud  |
| III (-1                              | onnection with a bankruptcy case can<br>J.S.C. §§ 152, 1341, 1519, and 3571.   | t result in tines up to \$250 non or imp   | risonment for up to 20 years, or both.  |
|                                      |  |  |   |
| ×                                    | I/Mary D   | Mus  |   |
| ŝ                                    | Signature of Debtor 1  | Signature of Debtor 2  |   |
|                                      | 5-19-17  |  |   |
|                                      | Date V / / /   | Date   |   |
|                                      |  | tatement of Financial Affairs for Indivi   | duals Filing for Bankruptcy (Official Form 107)?  |
|                                      | No<br>Yes  |  |   |
|                                      | 100  |  |   |
| Did v                                | /OU pay or agree to nay someone who  | is not an attorney to help you fill out  | honkennton to 2   |
| <b>☑</b> ∧                           | 10   |  | vankruptcy forms?   |
| ☐ Y                                  | es. Name of person   |  | Attach the Bankruptcy Petition Preparer's Notice,   |
|                                      |  |  | Declaration, and Signature (Official Form 119).   |